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WINTER IN PARIS:

BEING A FEW

EXPERIENCES AND OBSERVATIONS OF FRENCH
MEDICAL AND SANITARY MATTERS

GAINED

DURING THE SEASON OF 1865—6.

BY

FREDERICK SIMMS, M.B. Lond.



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TO THE MEMBERS
OF THE
FACULTIES OF MEDICINE AND SURGERY OF THE
UNIVERSITY OF FRANCE
THESE PAPERS ARE DEDICATED
AS AN ACKNOWLEDGMENT,
NOT ONLY OF THEIR SKILL AND POLITENESS
BUT OF THEIR EARNEST ENDEAVOURS TO IMPART
TO ALL ALIKE,
WHETHER FOREIGNERS OR THEIR OWN COUNTRYMEN
THEIR GREAT KNOWLEDGE OF DISEASE



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P R E F A C E.

AFTER some months' residence in Paris, an accidental meeting and conversation with the Director of the Hospital for Sick Children, in the Rue de Sèvres, led me to think that the observations which my daily round both of Paris and its hospitals caused me to make in my own mind might be profitably committed to paper, and in doing this many an idle evening has been employed.

The advice of my friends, both at Paris and at home, has caused me to throw these papers on the mercy of the English medical public, if by chance they should go so far on their journey. That comparatively little is known of French medical and sanitary matters in this country, has also been an inducement to me to try to add to that knowledge.

My information has been drawn mostly from personal observation and conversations with French medical men; also from the printed *Budget de l'Administration générale de l'Assistance publique à Paris*, given to me, at the conclusion of a most interesting conversation, by the Director of the Hospital of Infants; from the *Annuaire Médicale* of 1866; from Bouchardat's most valuable little *Formulaire Magistrale*, a book which should be in the hands of all students, whether foreign or English, who can read French; and, lastly, from Galignani's *Guide*, which gives some useful information and statistics, somewhat, however, in need of revision.

Students visiting Paris can obtain all necessary information at the Schools of Medicine, where printed papers are given, whilst hand-bills inform them of the intentions and proceedings of the numerous private teachers of the city, who play a much more important part there than our so-called grinders do here in London.

That these papers are of a desultory and discursive character I must ask my readers to pardon, and to bear in mind that I did not go to Paris for the purpose of writing a book ; they must look either to a French author or to an Englishman with a *cacoethes scribendi* for more method and arrangement, and must, if they read these writings at all, take them as the productions of a chance author. That the papers have many errors of omission I much fear ; whilst, on the other hand, a somewhat imperfect knowledge of a foreign language may have led me into sins of commission, from which, however, I have made earnest endeavours to keep free.



A WINTER IN PARIS.

INTRODUCTION.

PARIS having been during several months of last autumn and winter the scene of an epidemic of cholera remarkable, if not for its extreme severity, at least for its long duration through weather of various temperatures, it has occurred to me that some slight and passing observations made in the course of visits to the various hospitals, and in daily walks through the city, may have some interest, as tending to show the means the Parisians have of meeting both the sudden onslaughts of disease, as well as its more even and regular attacks. With this intention, I will begin an account of the Paris hospitals, their government, direction, and the sources

of their income; and following with a notice of each hospital by itself, its accommodation and situation, as well as such advantages for study as it has appeared to present to myself, who have, whilst giving special attention to a few, visited all in a somewhat desultory way. A second step will consist of a few words on medical education, with its advantages both for the French themselves, and for foreigners who come to Paris; and a third, of a short notice of such of the sanitary arrangements of this city as appear to me either advantageous or the reverse. A great part of these observations will oblige me to contrast the arrangements of Paris with those of London, either directly or indirectly; a task somewhat difficult for an Englishman starting with prejudices greatly in favour of his own city; but I believe to be able to show that although we are much behind the French in many matters of general organisation, yet in others we are superior, and, in short, that each may learn somewhat from the other. Into whatever hospital I have been, the complimentary and respectful tone in which, whether at lectures or at the bedside, English practice is

spoken of, and English ideas borrowed, has greatly struck me, and I have felt that on our part we may learn a great deal, especially of the science of diagnosis, from the French. My object, then, in writing the few following lines, is not only to induce English medical men to visit Paris more freely and study more generally than they mostly do, but to show to some extent, by a comparison of the sanitary arrangements of Paris with London, that the means the Parisians have adopted with reference to their drainage and water supply may possibly greatly free them from future epidemics of cholera, and be a warning to us to adopt, before it be too late, the same means of procuring water free from all risk of human pollution. The subject of medical education will bring into contrast the results of entire centralisation, on the one hand, with those of our more free and more complicated arrangements, which are moreover of doubtful advantage to any but the bodies in whom is vested the power of examination.

CHAPTER I.

DEPARTMENT OF PUBLIC ASSISTANCE INASMUCH AS IT RELATES TO THE HOSPITALS OF PARIS.

FEW are ignorant that the hospitals of Paris, unlike those of London, are not left each to itself either to spend the enormous revenues which a good foundation, followed by years of management and economy, has caused to accumulate, or by the annual parade of large deficiencies, great expenses, and the immense amount of good they do to extract money from a public always most ready to reply to the pressing demands of an active secretary: they are, indeed, but so many items in the department of Public Assistance, which has under its care all sorts of poverty and distress, and sends the sick poor to the hospital—the aged, infirm, and worn-out, to the various *hospices*—the idle to prison, and the honest workman back to work, if he have strength to do so; whilst poor

deserted children and foundlings are sent to proper asylums, it being even left to the mothers of these unfortunates to say whether or not they will charge themselves with their unhappy offspring. Every arrangement made by this body seems most admirable; there is no beggary in the streets, and no dying of cold, exhaustion, or hunger, as persons found in these states are promptly taken to the nearest guard-house, where supplies await them till inquiries can be made. That the state of affairs in London and its suburbs is very different from this, Englishmen need not to be told; and it is to the frequent occurrence of death in hard winters in or about the streets, as well as to the constant presence of beggars and rogues of one sort or another, prepared for street murder if need be, that at different times eminent Frenchmen have denounced London as the richest and yet most miserable city in the world, and that the state of affairs with us has led Père Félix, in his lenten discourses at Notre Dame de Paris, to denounce us and our religion, and allege that under Catholicism such things would not be. We know, however, that under that religion

such things have been and may be again ; but not the less must we impute to our negligence and wastefulness the wretchedness which is so patent, and the fact that whilst the honest man has no better chance, the thief can find his night's lodging and food at the public expense. It must be borne in mind, moreover, that habitual drunkenness, although not by any means uncommon in Paris, is less general and carried to a less terrible extent among the French families. But this is foreign to the subject of the French hospitals, which I will consider firstly as a body, and commence by indicating the sources from which their revenue is derived ; sources, however, common to all purposes of the department. The kindness of the director of the Hospital for Sick Children placed the means of compiling the following statements in my hands. The sources are—

1st. From real property or the rights held over it. Rents of houses. Rents payable by the City of Paris for localities occupied by schools, asylums, and workshops. Farms, some paying rent in money, others in kind. Interest of money placed out in various ways ;

also legacies. Money derived from the cutting of wood in different forests.

2ndly, From various miscellaneous sources, many of them interesting and strange to us. Thus the theatres and other public exhibitions pay a share, so do the pawnbrokers' shops from the sale of their unreddeemed pledges; likewise the amphitheatre of anatomy gives a share of its fees, as do the midwife pupils part of theirs.

Then the hospitals and *hospices* work for themselves a little, and throw their products into the general fund: thus the shops in connection with them pay,* so do their chapels also from the chance subscriptions they receive; and there is a gain arising from their having a central bakehouse, a drug factory, a wine-cellar, and a spinning factory; the profit of the gas-works at the Hôpital de St. Louis, that arising from the sale of beer brewed at the Hospice for the Aged, and that from the baths delivered at the *maison de santé*, are also to be taken into consideration.

Farms and gardens attached to some of the

* A sort of shop is kept by the *concierge*, who is allowed to sell to the inmates certain articles, the price of which is fixed by printed tariff.

hospices and hospitals, and worked by their inmates, yield a profit, but less at present, as some of the ground has been sold ; payments are made by the better class of inmates of both hospitals and *hospices*, who, too poor to pay a physician's fee, can yet afford to contribute to the expense of their care and maintenance.

Under the head of " Produits Eventuels " are classed profit on the sale of dripping, on that of casks made at two of the *hospices*, on the tar made at the gas-works at the Hospital of St. Louis, and on the sale of bones at the public slaughter-houses ; the price of objects lost in Paris and left unclaimed, the sale of dead horses and of " Chevaux de Réforme,"* and carriages used for the service of the department. On each sale of ground for the purposes of interment in any of the cemeteries a heavy contribution goes to the general fund ; and the markets formerly all paid a rent, and were in some way under the control of this department ; a state of affairs now altered in a great measure. Then provisions detected in the attempt to evade the octroi are confiscated and sold ; and should

* These are either horses cured of vicious habits, or others useless for the purposes of the department.

wine be a portion of the plunder, it is sent to the "Pharmacie Centrale." These are the principal sources of revenue, the amount of which was a few years ago 17,000,000 francs, of which sum the hospitals, properly so called, received five, or about £200,000 per annum, the rest going to all the other above-mentioned purposes of the department. The sum has not been wholly derived from the sources of revenue above mentioned, there having been frequent deficiencies, which the City of Paris has nobly supplied.

Among the many items of the expenditure of the department as they relate to the hospitals, too numerous and unimportant to enumerate more fully, may be mentioned the following: Books and medals given to pupils in medicine, cost of emptying cesspools of *hospices*, cost of filtration of water, cost of public worship, pensions for old servants in retreat—indemnities to physicians, surgeons, pharmacists and pupils, to the amount of 335,000 francs in the year 1854.

The administration of this revenue is vested in a director-general, with a council of twenty members; the Prefect of the Seine being *ex officio* president of it, and the Prefect of Police,

in the same way, always a member : the others are named by different corporations every three years. There are two inspectors-general, a secretary, and a treasurer. Each member of council has his line of duty, and his functions are honorary ; there are below them other officers and *employés*, and the director-general is at the head of the *bureau central*, an establishment at which all the business, even of the admission of the sick, is regulated. Over each hospital is a director, who answers in some respects to the secretary and steward of a London hospital combined, having clerks under his orders. This officer has great power, and the more so as there is no resident medical officer in the position of the apothecary we find attached to some of the London hospitals. The medical department of each hospital is composed of physicians and surgeons, the latter always in less number than the former ; they are all chosen from amongst the members of the *bureau central*—of which more hereafter—are re-elected every five years, but are obliged, I believe, to retire on the completion of sixty years of age.

With a view to their election, the council

generally chooses from amongst the members of the *bureau central*, three names, which are sent to the Minister of the Interior, who returns the one he thinks the best. These gentlemen, who have no direct remuneration, are seconded each by his *interne*, or house physician or surgeon, as the case may be, who is an advanced pupil having been previously *externe* for six months at least, he is elected for four years, passing one in each hospital if he choose to stay so long about Paris, and is chosen after an examination before seven physicians or surgeons, who are elected by lot every year, and hold their sittings early in November, when the session begins: the examination is, I believe, of a practical character. No remuneration is given the *internes* directly, but an indemnity is usually voted them at the expiration of each year by way of acknowledgment of their services; but the sum given is not nearly sufficient to pay for the board, which is not very lightly charged; and if the common rooms (*salles de garde*) which I have seen in two of the hospitals resemble those of the rest, it would seem that their lodgings might with

advantage be made a little more comfortable, as they cannot contrast for a moment with the accommodation furnished to the resident medical officers in most of the London hospitals. The duties of the *internes* are solely with the sick, and one is on guard daily. The having acquired the full degree of Doctor of Medicine disqualifies an *interne* for his post and obliges him to leave. I only know of one exception to this rule, and that was made in the case of a gold medallist; it seems strange to us when contrasted with that of the English hospitals.

The *externes*, or dressers, whose number appears to depend much upon the discretion of the physician or surgeon to whom they may be allotted, are chosen by competition, both written and verbal in medicine, surgery, and anatomy, after having proved themselves to have passed their eighteenth birthday, and to have completed at least one inscription at the schools. They serve for a year at each hospital, and are usually indemnified for their services. When in attendance upon the surgeons, these officers are of the highest utility, as may be well imagined; but as they

do not perform, with regard to the physicians, the offices of our clinical clerks in the London hospitals, their position does not seem to serve any useful purpose.

Some of the hospitals have a head dispenser, but all have an *interne* in pharmacy attached to each physician or surgeon, who is an advanced pupil and passes a very stringent examination in the February of each year, is chosen for four years, and begins them on the 1st of April. The certificates required are one of being eighteen years of age, one of successful vaccination, another of good manners, and one of three years' study in a pharmacy. He may have an indemnity.

And now for the *bureau central*, which regulates the admissions into the hospitals; and charges itself that no trifling or improper case be sent into any house under its control. It consists of a considerable number of physicians and surgeons, chosen at a "conours," a sort of public examination at which each candidate is obliged to defend his views by personal argument. Every sick person in Paris or around is obliged to seek admission at this office by passing an examination held by a number of

its officers in rotation ; but this rule does not act to the exclusion of cases of urgency, which may be at once admitted by a physician or surgeon if he be in the house, or by the *interne* of the *garde* in his absence, a certificate of the extremity the patient is in being sent to the director. A return of the state of each hospital reaches the *bureau central* daily. Out-patients need no recommendation other than the disease they labour under, and go direct to the hospital.

That this institution is a most excellent one, needs no argument from me ; it makes the hospitals independent of subscribers when such exist ; and so we find that whilst people seriously ill sent up from provincial districts are readily received, yet such cases as our London physicians have so often to refuse, never have a chance to occupy a valuable bed. Who amongst us, who has ever visited a London hospital, has not been struck at seeing some unfortunate man, fit inmate for a workhouse, waiting for admission after a journey of a hundred miles or more from a remote country district, where he has been sent by some rich governor worth 100 guineas per year, and of

whom the hospital is very much in awe?—the said patient perhaps having first exhausted all the patience of his parish surgeon and his vicar. Subscriptions to the hospitals are not, I believe, solicited of the Parisians, and they have no power over the administration other than that which public opinion always has. That the whole administration of public assistance is one of centralisation, no one can deny; and that it is liable at any time to some of the enormous abuses these systems have at times shown us must be admitted: but it has worked well for many years, and has never yet, I believe, repeated the first lamentable irregularities which inaugurated its commencement on the eve of the great revolution. Might not some of its better features be implanted in our own present system of management? And in asking this question, I put it not so much to the authorities of general hospitals, as to those whose care is the poor, the aged, and the insane; for our present arrangements are not so much for the use of the honest man as for that of the rogue, with whom he may well shrink from association.

There are within the walls of Paris fifteen hospitals, seven general and eight special, the

latter number including the “Maison Nationale de Santé;” the number of beds is nearly 20,000, to a population of, I believe, about 2,000,000 inhabitants. Immense efforts have been made, since this century began, to enlarge the hospital accommodation of Paris, and large sums have been expended in so doing, but more yet remains to be done. The stay of patients in general in the hospitals has decreased with the rate of mortality, which now averages for all 1 in 10 of the in-patients, the period of residence being for all about twenty-four days. In the *hospices* 1 dies in 22: there is an average stay of twenty-two days. Exceedingly well adapted to the habits of the people, and most liberal, the system of diet is separated into four great divisions, some of which are so good as to negative effectually, as far as they can, the argument that the greater surgical operations do not succeed with the French as they do with the English, because the former are not built up sufficiently, and soon succumb; a statement of some value, however, as far as the ordinary life of the French is concerned, as they live more cheaply than

almost any other European people. The present *régime* of diet dates from 1843 (Bouchardat).

The 1st.—“ À la diète absolue.”

2nd.—Simple or beef-tea diet.

3rd.—Potage and soup diet.

4th.—Solid food, of which there are five degrees.

The nature of the first-named can be best explained by Bouchardat's words,* which tell us “that the sick receive no aliment, no beef-tea, or any alimentary drink ;” language which would lead us to infer that at least that portion of the Sangrado method which prescribed large drinks of cold water has still some influence in France, even whilst the more heroic plan is dying out. It is rarely used, and is, I believe, little more than bread and water. The sick on simple diet receive for each twenty-four hours, according to orders, from one to four portions of beef-tea, the same of milk, or of wine, or of any one separate item within the limits of the four portions, as the phy-

* “Les malades à la diète absolue ne reçoivent aucun aliment, ni bouillon, ni aucune espèce de boisson alimentaire.”

sieian may direct. Patients on soup diet receive either one allowance of potage,* and one of soup, or two portions of beef-tea, to which wine and milk may be added by order.

Patients on solid diet are in five divisions, according as they receive, one, two, three, four, or five portions.

Those on one portion.—White bread (12 décagrammes†) for men, less for women.

Wine.— $2\frac{1}{2}$ oz. (10 centilitres) for men, less for women, or a substitute of milk.

Soup or potage.—Two measures of rather more than half a pint each (30 centilitres), or milk.

Fowl or fresh fish, or one fresh egg (8 décagrammes), vegetables in season, sliced apples or jelly.

Those on two portions have an increase of bread, the same quantity of wine, roast meat, more vegetables, and an additional egg, besides apples or prunes.

Those on three portions.—A general increase, with boiled meat instead of roast.

* Potage, a soup made with vermicelli; soup, a liquid made with meat and vegetables.

† 1 décagramme = 40.32 grains.

Those on four portions.—Again an increase, especially in bread, which reaches the quantity of 48 décagrammes.

Those on five portions.—Still more ; and if they should be women lately delivered, an allowance of such food as may suit their condition.

This last diet must not be given for more than five days in succession ; and with regard to wine, a restriction is placed upon its increase when the first two forms of diet are ordered. Bread can be substituted for wine when the latter is not needed.

These provisions are undeniably very liberal, but have merely the objection of being fixed rules, for I have seen them but little altered at any time to suit the nature of the patient's malady, the diet being given as a whole. It is obvious that you cannot diet a sick man according to rules printed on paper ; his inclination and *power of digestion* must, or ought to be, the great guides.

Before concluding this notice of the hospital system of Paris in general, I will observe that, as a rule, these institutions are much less abused by the middle classes than are those

of London: one seldom sees any of them among the out-patients; and if among the inmates, solely as paying for the privileges they enjoy. The medical officers have, when writing a prescription, the discretion to refuse the sick person medicines or treatment at the expense of the charity, and so send him to a druggist; thus far, at least, his imposture is prevented, and we see that, although the consultation is always gratuitous, it does not follow that the treatment must be so.

Another good feature of the Paris system is, that there are no assistant physicians attached to the hospitals; a rule which means that the medical men have no weary waiting year after year in the out-patient department, until, from the constant dreary attendance on trifling cases, all interest in the institution and in their restricted *clientèle* is lost to them, until at last, when the time arrives for them to enter on duties within the wards, they find their private practice coming rapidly on, and that daily their time is less at the disposal of their pupils, who so much need their clinical teaching.

The method of bedside instruction pursued in

England is, on the whole, superior to that of France; and were our system made to resemble theirs, by the gift of beds to all the staff, but little would be left to complain of. Each physician of a Paris hospital visits his wards every day, and sees such out-patients as choose to come on one day in the week. The daily visit is hardly necessary, as there are resident medical officers, and is perhaps in the case of the surgeons detrimental, as leading to the *nimia diligentia* of surgery, which in the case of fractures had certainly best be avoided.

The next portion of my subject brings me to a notice more or less prolonged as my opportunities of observation or the importance of the institution may seem to warrant; and before commencing it, I may say what regret it gives me not to be able to fall in with the opinions generally received by the English public, and expressed by a leading journal in words of the highest praise. I cannot agree that the "Parisian hospitals are the finest in the world:" their interior arrangements are not at all comparable to those of most of our London establishments, although their general management is, I believe, far more economical and

careful, whilst their large airing-grounds and pleasant gardens make them little paradises for the convalescents. Their wards are almost always stuffy, overheated, and overcrowded ; whilst their floors, I believe, rarely see clean water, but have instead all the dirt and infection grimed in by the "frottement." But, on the other hand, they are far more cheerful than our English ones ; and this result is, no doubt, due greatly to the overcrowding, to the bright colour of the floors, as well as to the presence of curtained beds, and to the absence of those large spaces between them which, whilst allowing the free play of fresh air, give the rooms a cold and deserted look. Not a little of this pleasant appearance is due to the presence of decorations of a religious character, and to the flowers and wreaths with which they are adorned. But one sadly misses the large open fireplace, and finds the close French stove but a poor substitute for the chimney-corner and bright blaze near which one sees seated the more healthy of the patients of an English hospital.

CHAPTER II.

THE GENERAL HOSPITALS OF PARIS, AND A FEW POINTS RELATING TO THEIR PRACTICE.

To many foreign students who come to Paris, the cheapness of subjects for anatomical and operative procedures forms the great attraction; and living, as many do, in the Quartiers Latin or St. Germain, both within easy distance of the School for Anatomy at Clamart, and of the Ecole Pratique, they visit simply the Hospitals of the Clinique, the Hôtel-Dieu, La Charité—perhaps the Hôpital des Enfants Malades and the Necker; with regard to which last-named, however, they complain of the distance and the trouble they have to arrive in time for the 8 a.m. visit, whilst the Hospital of St. Louis is often utterly neglected or infrequently sought for the same reason, and thus two of the most valuable branches of the Paris practice are utterly thrown away. Men seem to forget

that Paris has a medical as well as a surgical side, the former decidedly the best of the two, as the French themselves well know; and whilst they crowd in such numbers after Nélaton and Velpeau that no one can well see the cases, they neglect Bouchut and Roger, Hardy, Bazin, Cazenave, and the physicians of many of the larger hospitals. Trousseau has, I believe, of all the physicians, the most certain and steady following; a fact not a little due to the central position of the Hôtel-Dieu.

The study of medicine can, indeed, be well conducted in a French hospital. The physicians are, as a rule, most minute in their inquiries, and most communicative to the students. They work out their cases with wonderful patience, form their opinions, and give them without reserve to those around them. Their visits to the bedside may be taken, in one sense, as types of clinical teaching, as they are more outspoken than our English physicians, and give freely a sort of lecture upon each patient, his malady, his diathesis, and all the points of his case. These illustrations of disease are thus far more

valuable than any clinical lectures can ever be, the latter taking place, as they must do, in a room far removed from the patient, and with his case entirely absent from the eye, if not from the mind. Not that clinical lectures are by any means neglected in the Paris hospitals: at most of them two a week are given by the physicians, and one by the surgeons, during the winter portion of the session; but at St. Louis they do not begin until the month of April, some lectures on urinary diseases by M. Voillemier being given during the winter. And now to commence a slight notice of each hospital, with such advantages as it may present for practice, either of itself or from the acquirements of its medical officers. I will begin with that prince, one may almost say that father of all hospitals, the Hôtel-Dieu; and in giving you this account, will translate and quote chiefly from Bouchardat.

HÔTEL-DIEU.

This hospital, said to be the most ancient in Europe, has its foundation attributed to St. Landry, bishop of Paris, about the year 600;

it received assistance and extension from three of the kings of France, and several charitable persons. It was, indeed, a general hospital, established for invalids of every sort, of whatever age, sex, country, or condition they might be; its device was "Medicus et Hospes;" and at all hours of the day and night, pilgrims, beggars, and sick people assembled, without any fixed rule for their admission or their departure. Its population increased rapidly; so much so, that, under the reign of St. Louis, there were 900 sick persons; under that of Henry IV, 1300; under that of Louis XIII, 1800; and under Louis XIV, 1900. There were years, indeed, in which the population of the Hôtel-Dieu knew no bounds, and report says that in the year 1709 it was raised to more than 9,000; and we are assured that in the year 1693 they were forced to place twelve and sixteen persons in the same bed; a fact which will make us believe that the number of patients passed 10,000, for whose accommodation the total number of beds was not more than 1,000—namely, 600 large and 400 small. I take the liberty of subjoining some extracts from the reports of Bally, Tenon, and Lavoisier

upon the ancient state of this hospital. They have remarked that the general arrangement of the Hôtel-Dieu, forced upon the direction by want of room, is that of establishing a large number of beds in the wards, and of sleeping four, five, and nine patients in the same couch, the dead mixed with the living; wards in which the passages were narrow, with the air stagnated for want of power of renewal, and where the light penetrated but feebly and became charged with damp vapours. The Commissioners have, moreover, seen the convalescents mixed in the same wards with the sick, the dead with the dying, and those able forced to go out with naked legs, winter or summer, to breathe the fresh air on the Bridge of St. Charles. They saw, on the third stage of the building, a ward provided for the convalescents, but to which one could not approach except by traversing that of the small-pox patients. The madman's ward adjoined that of those unfortunates who had suffered the most cruel operations, and who could not hope for repose in the neighbourhood of these men, whose phrenetic cries could be heard day and night. Often in the same wards could be seen,

sick with contagious mixed with others having non-contagious maladies, women attacked with smallpox side by side with fever patients. The operation ward contained alike those being operated on, those about to undergo operation, and those already finished. The operations were performed in the middle of the same ward even ; and therein the patient whose turn was to come to-morrow and he who had passed the terrible ordeal alike saw the preparations and heard the cries of pain. The ward St. Joseph is devoted to women *enceinte*, wives or those less fortunate, healthy and ill ; they were there all together, three or four in that state lying in the same bed, exposed to want of sleep, to the contagion of the unwholesomeness around, and the constant danger of injuring their children. The women newly delivered were also united four or more in a bed, in different stages after their accouchment. The heart rises at that dreadful situation in which they mutually infected each other ; the greater part perished or went out in a state of languor : and who can wonder that, with all these special and accidental causes conjoined, the state of the Hôtel-Dieu became each day

worse and worse? that out of every nine persons, two died? Incredible as it may seem to be, the Hôtel-Dieu remained in this state up to the great Revolution of 1789. The first changes date from the year 1790; and at that time, the slaughter-houses, the melting-places for tallow, and the manufactories of candles were turned out; then several of the beds were divided off; and after the year 1801 important changes rapidly took place: the mad people of both sexes were sent to the Salpêtrière, and the male portion afterwards to the Bicêtre. Then were created also special hospitals for lying-in women and sick children.

Thus the ordinary population of the Hôtel-Dieu descended once more, first to 1800, then to 1200, then to 800, beyond which it is not now suffered to pass. The mortality, once so high, is now reduced to 1 in 18; a result due not merely to changes within the hospital itself, but to improvements in the surrounding neighbourhood; for the old narrow streets of the Island of the City, lately become a hotbed of crime and vice of every description, and so well described by Eugene Sue in some of his novels, have almost disappeared; open spaces

abound, the beautiful cathedral is opened out to view, a large barrack occupies the space of a villainous neighbourhood, and the last but not least miserable part of this locality, with the history of crime and murder which will cling to its name whilst it stands, and which was notorious for its unpleasant methods of purifying its houses long after other parts of Paris had become reformed, is soon to come down and make way for a new Hôtel-Dieu, for which the plans are already prepared, and which we may hope will have a career as brilliant as its predecessor's. That the old house is to fall one cannot regret, for its arrangements are anything but perfect: it is divided into two parts by the Seine, and has a connecting passage bridged over that river, is not handsome either internally or externally; its wards are on the upper stories lower than they should be, and more crowded than can ever be good for the health of its inmates, and in one set of them we find a ward for the lying-in women adjoining and opening freely into that for general cases of illness, such as fevers and inflammatory complaints; its lower wards more large, if

not more lofty, remind one curiously of the lower deck of an hospital ship, with their thick transverse beams, their central pillars of support, and their port-like windows ; but they are terribly overerowed : the beds are not only arranged along the sides of the wards so closely that it is with difficulty a double file of students can pass between them, but are also placed in the centre of the wards ; and the effect of all this is heightened by the large French stoves employed to heat the place, so that the air is often close, stuffy, and oppressive in the highest degree. Who can regret, then, that all this is doomed ? and one's only fear is that the ancient little chapel of St. Julien le Pauvre may not escape the general destruction. I can well recall the time when the old Dreadnought, thoroughly saturated with erysipelas and fever poison, was replaced by the Caledonia ; and can well remember the long list of successful major operations which Mr. Tudor was able to show to the committee a few months after the removal. May not the present Hôtel-Dieu be in a somewhat similar state, and may there not thus be gain in every way ? I am un-

provided with statistics as to the results of operations, but believe the "pourriture de l'hôpital" to be by no means absent from its wards, and puerperal complaints not unfrequent visitors. That the Hôtel-Dieu is still a general hospital in the sense in which we usually employ the term is well known, as are the names of its medical officers, most of whom have published the results of their observations either in the shape of books, or of extracts from clinical lectures, such as those of Professor Trousseau, lately reviewed by some of the medical journals of this country, which will give a better idea of the state of French medicine in this hospital than the cursory observations my few and far-between visits to the Hôtel-Dieu. The names of Trousseau, of Guéneau de Mussy, of Piorry, among the physicians, and of Maisonneuve among the surgeons, are sufficient to show the student who visits Paris for the study of general practice, that along with its central situation, and the easy access from all parts of Paris, there are not wanting the other more necessary facilities for study.

HÔPITAL LARIBOISIÈRE.

Situated near the Northern Railway of France, in the midst of new but poor neighbourhoods, this establishment has certainly the most cheerful appearance of any of the Paris hospitals. Its airing-grounds are large, and tastefully arranged; and, in addition, there are promenades formed on the leads which cover the passages communicating between the pavilions, so as to be of ready access to the more debilitated patients. Its wards are lofty and broad, and can so far bear comparison with those of any of our London hospitals; they are, moreover, very handsome apartments, and exceedingly cheerful with their well-polished floors. The Lariboisière is especially the model hospital of Paris, not merely on account of its architectural beauties and general accommodation, but also because we find here a new system of ventilation, intended for perfection; but, like most other such schemes where large doors and good open fires are wanting, very far from being a success.

In a large apartment beneath the chapel of the hospital there is placed a steam-engine, constantly at work, day and night, and driving at first, through a shaft large enough to admit a man, an immense volume of moderately heated air passing, at this the commencement of its course, with the speed of a strong breeze. That this breeze is not long in being lost, can be easily seen by any one who traces it to the wards, into which it enters through large iron chests, with numerous apertures, placed at intervals along the centre of the room. I have myself seen the steam-engine at work, and felt the air passing through the shafts, and have found, in a ward not very far distant from the place where the operation commenced, hardly the slightest current of air.

Foul air escapes through shafts and apertures specially contrived to receive it. That smells hang about the ward, to be replaced only by that most deceptive and unpleasant antiseptic, chloride of lime, you will perhaps not be surprised to hear, and may also not be astonished to find that the mortality here is, in spite of every apparent advantage, higher

than that of any other general hospital in Paris, being, according to Bouchardat, 1 in 8 or 1 in 10 of the inmates. It has upwards of 600 beds; the accommodation for all classes of inmates is most excellent. The history of the Lariboisière has not, indeed, been very happy; for, at the commencement of the building, its site was the scene of one of the most awful combats of the Revolution of 1848, and its misfortunes seem still to follow it. During the autumn of last year it was the first to receive the cholera patients, that malady having broken out in the districts of La Chapelle and Montmartre, which are immediately adjacent. The hospital is a general one, and, considering its distance from the schools, is fairly frequented by students.

LA CHARITÉ,

One of the older hospitals of Paris, once a sort of half convent, half hospital, but now entirely devoted to the latter purpose. It contains 420 beds, and has the good fortune to have by no means a very high rate of

mortality. Thus in 1856 I find its death rate to have been 1 in 10 ; at the present time it is given as 1 in 20—a return which, however, I believe to be much exaggerated. The Charité is certainly one of those which will give a denial to the statement that the Paris hospitals are the best in the world ; it has a few good wards, but most of them are without ventilation, are narrow, overcrowded, dark and cheerless, and have, moreover, cold paved floors, polished, however, and made somewhat slippery and dangerous to the unwary : the objectionable French stove, too, is there, to make the air at times stuffy and oppressive. Among the physicians and surgeons of this hospital there can be found two well-known names, those of Velpeau as one of the latter, and of Bouillaud one of the former, who both give clinical lectures. The last-named gentleman, remarkable for his sound knowledge of disease and his aptitude at its diagnosis, still adheres to his ancient practice of bleeding in pneumonia and other acute complaints, and still maintains its efficacy.

HÔPITAL NECKER,

One of the most pleasantly situated and healthy of the hospitals of Paris, with a mortality of 1 in 17 (formerly 1 in $9\frac{1}{2}$). It has room for 400 patients. This foundation was due to a charitable lady who rented a suppressed convent of Benedictines and changed it into an hospital; but nothing of its conventual appearance now remains. Its wards are lofty and pleasant, looking out, on the one hand, on to the gardens and gymnasiums of the Hospital for Sick Children, and, on the other, on to one of the pleasantest and prettiest quadrangles in the world, having in its centre a well-planted garden surrounding a fountain. Here is to be found, especially on Saturdays, M. Civiale, a veteran of surgery, who has twelve beds for calculous diseases, and who finds in them ample material for his weekly lecture: lately, each Thursday has attracted more students here, as M. Desormeau has brought into notice for the first time in Paris the endoscope, and used it extensively in examination of disease of the urinary organs.

LA PITIÉ,

Once an ancient refuge for beggars, but changed with the changes of the Hôtel-Dieu into a regular hospital. It is one of the most lofty, convenient, and agreeable of the hospitals of Paris, having not only large grounds of its own, but a good number of its wards so placed as to overlook the Jardin des Plantes at the point most remote from the animal collection. Its wards are fairly large and lofty, and altogether exceedingly good for a Paris hospital; unfortunately, they are rather stuffy and close, and by no means free from bad smells. Many of the wards have their small stove ranges* placed in a compartment built in the centre of the room, an arrangement which cannot be a healthy one. In almost every other Parisian hospital which I have seen their accommodations are entirely external to the ranges of wards which they supply. There are 624 beds; the mortality is 1 in 11.

* Used for heating water, warming poultices—never for cooking.

HÔPITAL BEAUJON.

An *hospice* turned into an hospital, having its older part, consisting of four blocks of buildings, arranged round a quadrangle ; whilst its newer, better portion consists of several pavilions distinct and connected by a covered cloister after the manner of the Lariboisière. The pavilions are fairly ventilated, much in the same way as those of the Lariboisière ; but the older part, which partakes to a great extent of the same system, having air of varying temperature driven into its wards, is in a very bad state indeed. In the first place, the air which enters the old wards obtains admission through pipes which have their apertures low down in the walls ; and these apertures can be closed or opened at pleasure ; this air I have noticed to vary in temperature very much, on one occasion being moderately cool, and at another time so hot as almost to scorch the hand. The wards are too narrow ; and although those on the first stages are tolerably lofty, yet those on the second are narrow, dark, and, as usual, overcrowded. The hospital contains 416 beds,

and its mortality, 1 in $9\frac{1}{2}$ in the year 1856, is now 1 in 14. I found here in this hospital a proof that bleeding is still practised in France in cases where in England we should hardly think of employing it. A newly-admitted patient, a healthy plethoric man in great pain, and with his joints swollen with acute rheumatism, was immediately bled, and, it is but just to say, with the happiest result: relief from pain quickly ensued, his cure was hardly less rapid, and his discharge followed, if I remember right, within ten days. He had no heart attack whilst in the house; but I lost sight of the man, and so cannot tell you whether there was any relapse—a result one might look for, as he was somewhat debilitated from his treatment. It is open to suggestion whether a hot-air bath with other treatment might not have had the same success.

Points of practice on the whole but too little attended to by French physicians here in this hospital receive their due share of regard, and I saw Dr. Gubler occupied in making a series of experiments on the colours which various re-agents produce on the urine of patients afflicted with different maladies,

epidemie or otherwise. I did not, however, follow his *clinique* long enough to give you the results, which perhaps I should hardly have a right to do without his permission. This gentleman, at the same time, was busy carrying on a series of experiments with the thermometer upon patients afflicted with pneumonia, using, as your readers well know, that instrument as a means of diagnosis between the more severe complaint and pleurodynia. Dr. Gubler's plan is to apply the thermometer over the facial artery of the patient, first on the sound, then on the diseased side of the body, any great difference of temperature showing that the worst disease is to be apprehended; and he mentioned that on one occasion an old man was admitted in a state of extreme distress from cold and hunger, and with a pneumonia on one side; every part of his body was exceedingly cold, with the exception of the part diseased, and the facial artery on that side gave an indication of five degrees of centigrade in excess of the temperature on the healthy side. Dr. Gubler has also, I believe, noticed repeatedly the flush occurring on the face on that side of the body on which pneumonia exists.

ST. ANTOINE,

Situated in the Faubourg St. Antoine, the poorest as it is the most turbulent quarter in all Paris, this hospital strikes the eye most pleasantly at the first glance : it is well placed in the midst of large grounds planted with trees, and consists of a central part, with wings and numerous out-buildings. On entering the house, the first ward I visited was that of St. Cecilia, commodious, light, pleasantly warmed, tolerably well aired, and, for a Paris hospital, not so very overcrowded ; but our stay in this ward was short, and I passed, to my great surprise, into a long narrow gallery, having windows on one side and wall on the other, barely 12 feet wide at the outside, not by any means lofty, and with beds so closely placed together as scarcely to give room for two little hospital tables to be placed between them. To give you some idea of the state of things, I will refer you to King's College Hospital, and as a standard of comparison will tell you that, reckoning for the whole space of cubic feet of air allotted to each patient in this last-

named institution, there cannot be a much less number of sick people in these narrow wards of St. Antoine than 3 to 1. This is the case not merely with the medical, but also with the surgical wards. The overerowing is, however, somewhat exeusable, as the neighbourhood is exceedingly poor and very crowded. I find the mortality returned is 1 in 11, and according to another author as 1 in 22. To remedy this rather close state of affairs, the ventilating machine is placed in every ward, through which is driven, by means of a steam engine, a constant current of air more or less heated. Some of the smaller corridors communicate with others half as large again, by several lateral openings: these larger ones are barely double the size, and are overcrowded themselves. I have never been so struck by the bad state of affairs as I was in this hospital; the contrast between the cheerful, cleanly appearance of the outside, and the overgorged state of the wards, being beyond belief.

The syphgmograph was in use in the surgical wards, but that there was any effect worthy of notice did not appear to me from the cursory glance I was able to give; but the case

is doubtless accessible to any one who may wish to add it to those stores of information already in the possession of the profession.

HÔPITAL COCHIN,

Founded in or about 1804, and designed for 38 beds, this house now holds upwards of 100; and from those few words the reader may inform himself of its present state, and will not be surprised to hear that its floors are tiled and cold. Its mortality is 1 in 10.* Students wishing to gain a knowledge of every disease will find here a good opportunity, especially as the visit is followed by the clinical lectures of M. Woillez. Extensive alterations have been designed for the improvement of this house, but the ground it stands on is too bad to allow of fresh structures. It is in the midst of a poor neighbourhood, and is much wanted.

It may be urged upon me that I have omitted all notice of the surgical practice of the Paris hospitals, and certainly this is the case,

* Bouchardat.

for the reason that I have given no special attention to it, merely having come across a few of its details, half by accident. Partly from what I have myself seen, as well as from all that others more attentive to this branch of practice than myself have told me, I am led to the belief that the high reputation Paris once had for surgery no longer belongs to it, and that, in short, it is now suffering in this country one of these reverses which affect all people and all things. I do not find the great capital operations attempted here, or if done, brought to a satisfactory conclusion as in London; but this may be, as the French say, from want of stamina in the people, who, however, as a rule, are brave enough to endure any amount of pain—even a child will have a tooth drawn without any cry. Chloroform is rarely given here, or administered with the greatest caution, and so deaths from that cause are almost unheard of. In minor matters of surgery, the same perfection is not arrived at as in England, and on one occasion I could not refrain asking myself what Fergusson would have said had he seen a pupil of his remove a simple fatty tumour from the thigh by ablution, skin and

all, instead of by a dissection out of the disease itself. Fractures, too, are not always turned out as neatly as they should be ; a result I am sure partly due to the extreme care and over-attention given by the surgeon on his daily visit, but in one case to the opposite cause—for the leg was put up in plaster of Paris directly after its admission, and left so for some time, to be displayed at length as a deformity. I feel sure, however, that the daily surgical visit is of more harm than good, as the surgeon feels bound to do something, and does not like to pass his patients without notice, even when they had much better be left alone. In the hospitals of London, superintendence is the rule for their surgeons and physicians, the more active part of the case as well as the direct responsibility of the practice being thrown on the resident medical officers. Years ago, Paris was famed for its surgery, and was much ahead of us ; now she is in the arrear, some day she may again pass us : let us look carefully to our success, and defer that time.

My notice of the Parisian hospitals properly speaking extends only to those within its walls and under the rule of the department of

Public Assistance, but I cannot leave them without taking you outside by the Porte de Villicrs to Neuilly, where, in a pleasant and open part of the suburbs, is to be seen a little hospital, the noble foundation of M. Galignani, built to contain twenty-four beds, some of them for paying patients: Sir J. Oliffe and Dr. Shrimpton are the physicians. I was much struck by the comfortable air of home the house displayed, as well as by its completeness in itself. The nursing is under the superintendence of a sister, with a staff, and the patients I saw there seemed very happy and comfortable. The establishment is to be supported by subscription, but I suspect that hitherto M. Galignani has been the chief subscriber. To carp at this institution would seem ungracious, but still one cannot help a passing regret that English alone are admitted, especially when we see how freely foreigners are received in all French hospitals, and how entirely the maxim that a "sick man is our brother, and of no country," is followed.

The system of nursing in French hospitals calls for no remark—its excellence is well known; and in this they have set us an

example we have been too slow in following. The sisters are all *religieuses*; they are assisted by a staff of under-nurses, and by a "garçon de salon," who does the heavy work of the ward. One sister is attached to the *clientèle* of each physician.

Hospital treatment is not the only help given by the department of Public Assistance to the sick poor of Paris, for medical men are appointed to attend them under proper regulations at their own homes.

CHAPTER III.

SPECIAL HOSPITALS OF PARIS.

WITH this short notice I conclude my account of the general hospitals of Paris, and pass to those devoted to the treatment of special diseases; and to these latter, as the reader will perceive, my attention has been most specially directed; a course of study which I found quite compatible with attendance at the schools, and which I would especially recommend to English students; for whilst they can get a very good knowledge of disease and a better idea of its treatment in their own hospitals in London, they can never have such opportunities for the study of the maladies peculiar to infants and to the skin as the two hospitals for sick children and that of St. Louis afford. The special are, on the whole, less crowded than the general hospitals, and are thus enabled to assist the others by setting up extra beds in

times of cholera and other virulent epidemics ; a position none of the last-mentioned can possibly enjoy unless they return to the ancient practices of the Hôtel-Dieu, of which, however, there cannot be much fear, as the overcrowding of their general hospitals is freely admitted by the Parisians themselves.

Another advantage in having large special hospitals is that they can turn out a host of trifling cases, retained chiefly for scientific observation, and at any time lessen that excessive pressure for relief which circumstances may cause to arise ; but we do not find here that abuse of these institutions for which London has become so notorious : there are none for stone, fistula, or other cases for the treatment of which are found competent men in all the general hospitals.

ST. LOUIS.

This hospital, in appearance the oldest of any in Paris, but dating from the reign of Henry IV, was opened in 1702, and is placed in a neighbourhood by far the poorest in Paris, and abounding in that class of complaints for the treatment of which it was

speecially designed, and to which it is still in a great measure confined. I find that even in this hospital, with the knowledge of the contagiousness of many skin diseases, the horrible eharacter of which Englishmen who have never crossed the Channel can have but little idea, the authorities in its early days did not hesitate to adopt the praetice of plaeing several patients in the same bed, with what result we can easily imagine. The wants of the exceedingly populous and very pauperised neighbourhood in which St. Louis is situated have obliged the authorities to deprive it in some measure of its speeial eharacter, and so we find a large number of surgical beds under two surgeons, several medieal ones ready for the most severe eases which may present themselves, and in addition, in one of the pavilions, thirty or more devoted to lying-in women.

The appearanee of this hospital is espeeially interesting and venerable, for it is built in the style of the sixteenth eentury, and has its main body arranged so as to form a quadrangle, which is oecupied by groves of trees and pleasant walks for the invalids; so that, altogether, the space of ground oecupied by St. Louis is

larger than that of any hospital in Paris, perhaps of any in the world ; for it has not only in its interior the gardens above described, but around it, and enclosed by an outer wall, a space of ground sufficiently large to include all the offices of the hospital, the residences for the *internes*, a large out-patient department, gas-works, and a chapel, besides several pavilions devoted to the care of patients who pay a small sum for their nourishment and attendance, and to the lying-in women above mentioned. Each paying patient has a small room set apart for his or her use ; covered passages are the means of communication between the offices of the hospital and its main body ; the gardens surrounding the building are nicely planted with trees and shrubs, and adorned with fountains, whilst within we find not only the usual order, cleanliness, and cheerfulness of a French hospital, but also better ventilation than in any other : and this is due, not to any steam-engine or special apparatus kept going at vast expense, but to lofty wards, large windows, and good, large, old-fashioned fireplaces. The evil of overcrowding is noticeable alike, here

as in the other hospitals, in which, in truth, the Direction seems to ask itself, not how many cubic feet of air each patient ought to have, but how many people can be got into a ward with any degree of comfort or safety. The above description, unfortunately, applies only to the upper wards of the hospital, the lower being dark, low, and crypt-like; I doubt whether they were ever intended to be used as wards at all. With regard to the pavilions, the accommodation provided for the paying patients is exceedingly good, and the diet most liberal, whilst their subscription is but four francs a day. The lying-in patients are too many in a ward, which becomes close, stuffy, and oppressive; so that you will not be surprised to hear that there are more inflammatory and puerperal complaints amongst them than there should be, and that the children do not by any means thrive well; and this statement is borne out by the fact that, during the first two weeks of April last, these wards were closed on account of the fever which had fully declared itself, and fatally in two or three cases; whilst, at the same time, other lying-in hospitals were in the same case.

The great feature of St. Louis is the outpatient department, at which there are daily treated an average of 125 patients afflicted with all manner of skin diseases, but most especially with scabies, cases of which are so numerous that special printed cards are prepared, and are given to the applicants often with no other sign, so well is the pink card understood, and I have frequently seen five successive applicants receive orders, these people having been previously unknown to each other. It has been calculated that forty to fifty tickets have been issued at a consultation of 160 patients. Such a large number renders necessary a rapid mode of treatment, and so itch at St. Louis is cured in two hours, and in nine cases out of ten most effectually. The process is this: in a long room are a number of partitions just large enough to contain the patient, his bath and his clothes, and in these, at a certain hour, all are collected and made to undress; they are then ordered to pass into a chamber; in the middle of them is placed a bowl of *savon noir*, a soap containing a good deal of potash, with which, after many injunctions as to order and silence,

they are made to rub themselves completely, each one assisting his fellow until the attendant, who assists despotically with his wand, is satisfied that no part is left untouched. They are then driven each to his hot bath, where they get rid of the *savon noir*, and come out with the galleries (*scions*) of the insects broken open, and ready to admit the ointment of sulphuret of lime placed ready to their hand, and with which they rub themselves until the time comes for a second warm bath; and thus the two hours are filled up. It is rarely necessary to use any disinfectant to the clothing, as the sulphur, adhering to the skin sufficiently, destroys all chance of contagion from that side. This treatment is very severe, and often causes an erythema or an eezema with tingling of the skin for many days afterwards, but a few simple baths relieve this effectually. Of course, a mistake as to the disease is very unfortunate to the patient, as he comes away much the worse for the experiment; but this rarely happens in so large a field for experience, the only difficulty in the matter arising from the fact that the itch is very often ecthymatous and eezematous at the same time,

besides being much obscured by the dirt attached to a people who are not fond of soap and water, and who frequently present prurigo with lice—eczema and erythema with itch all in the same subject. It is, doubtless, due to the warmth of the summer climate here, and to the dirt of the inhabitants, that itch is so abundant, and skin diseases of so bad a character. With regard to the above treatment of itch, its essentials have been, I am told by an army surgeon, for some time past in use in the English army;* and I have only gone into them at some length from not finding them mentioned in any standard English work within my reach. It is not uncommon to find patients who have undergone one *frottement* insist on others, and after the third come again, complaining of the itch yet more; they are incredulous when told they are cured, and assured that it is only a *gale morale*, due to an impression made by this troublesome

* A statement in Mr. Wilson's admirable book on Diseases of the Skin, that the itch has greatly increased in England since the Crimean war, led me to ask M. Hardy whether he had found this the case in France, to which he replied in the negative.

insect on the nerves at their periphery. But the animal is not always very patent to the eye, and may remain for years concealed; he is then hard to see, and still harder to reach; and here is a case in point. Lately, at St. Louis, that most practical and painstaking *interne* of M. Hardy, M. Odier, watching closely a very obstinate case of eczema (of, the patient assured me, eighteen years' standing), found on the clearing off of the crusts several *scions*, into which he dug with a pin and produced the *fons et origo mali*; and, as you may suppose, a *frottement* produced much improvement in the case, but, after several days, had again and again to be repeated, as fresh burrows were discovered. The woman had been years before treated for the itch, in spite of her now cracked and tender skin, and without success. It is found necessary, in such complicated cases, to commence with baths of a soothing character, such as *bains amidons*, simple hot baths, or alkaline and sulphur baths; after a week or two of which, the *frottement* begins. It has been said, but I presume merely by way of a joke, that two eminent French physicians have disputed

“whether the itch insect is the cause or the product of the itch.” They must be greater believers than most of us in the life-producing character of dirt, which must have certainly, according to their view, which seems to be in accordance with that of the lower orders in general, the property of preventing its wearer ever catching a chill or feeling cold in his bed at night.*

Another feature of the out-patient department of St. Louis is the special treatment adopted for the cure of all species of ringworm, and which may be said to be still upon its trial. Should a patient present himself with ringworm, a card is given him to ensure his admission later in the day, when he is taken in hand by two of the attendants, who see him at stated intervals until he is cured, upon which he again presents himself to the physician who first saw him, who signs the card, and in so doing certifies that the treatment

* The first improvements in the treatment of itch are due to M. Bazin, who shortened the process very much; the present method is that of M. Hardy. Hospital medical men assure me that the old method still prevails with us, the cure occupying three weeks.

has been conducted to a successful result ; the card is retained for statistical purposes, and leads us to hope that we shall one day see a valuable publication comparing the various diseases, the different methods of treatment, especially as they relate to that adopted by M. Bazin and to that of the *frères* Mahon, and giving us a comparison as to the duration of cases now with the length of time they lasted years ago, if such statistics be within reach. My own impression is, that under the various *épilation* methods cases get on as badly as ever.

The plan now under trial and observation at St. Louis is that of M. Bazin, the essence of which is *épilation*, or the constant extraction, by means of a pair of dressing forceps, of all the diseased hairs of the scalp over the part attacked by the parasite ; for to a trichophyton all French physicians who devote themselves to the treatment of skin complaints believe the disease to be due. The process is most tedious, having again and again to be repeated ; so that week after week, month after month, often a year or two, pass, and find the patient either uncured, or, if in better ease, daily in dread of

a relapse. The theory is, that each hair must be fully extracted; a most difficult end to attain, as the diseased hairs are very brittle, have again and again to be tried at when broken off or left to grow a little, and pulled at on another occasion. With a view to render this method painless, and to facilitate the extraction of the hair, the scalp is rubbed with "huile de cade" beforehand. The after part of the treatment, which is left to the patient to carry on at his own house, consists in the constant application of turbith ointment. Most French physicians will tell you that this plan is painless; and M. Hardy has used this, which he believes to be a well-ascertained fact, as a means of diagnosis between sycosis and impetigo of the beard or moustache, but I cannot see with what justice, as, according to my own personal observation, it is nearly as often painful as not, and, when painful, so terribly so as to almost equal the extraction of a succession of teeth. Moreover, the attendants in charge of M. Bazin's patients, and following his method, told me that although in cases of tinea tonsurans the first pain is not severe and is generally the last, yet it is otherwise

with other forms of the disease ; and, by way of a commentary on their remarks, a strong man then in the room undergoing the treatment complained terribly of the pain, and though, like a true Frenchman, he was too proud to cry out, yet he burst into cold sweats, twice turned pale and faint, was obliged to sit for a time on one side, and, finally, had to leave with the process still unfinished. I am, however, bound to say that others have not exhibited this suffering, and that it is not the invariable rule. My own observations lead me to the belief that all depends upon the temperament and inflammatory disposition of the patient ; but the method is still *sub judice*, and the French will not leave it until it is thoroughly exhausted ; they seem determined to find a rapid mode of cure, and assuredly, if work be a merit, deserve to win the credit of removing the “teigne” from the list of “*opprobria medicinæ*,” in which it now occupies almost the worst place.

Another method of *épilation*, I believe almost abandoned, is that of the “calotte ;”*

* A sort of pitch plaster composed of black pitch,

a plaster which, being strongly adherent to the skin, is applied over-night, and brings away on its removal next day all the diseased hairs with itself: afterwards the means of treatment above indicated are employed. I have never seen this method applied, but am told it is horribly painful, and by no means successful.

Epilatories are another method of treatment, for which formularies can be found in Bouchardat's little work, wherein is contained a summary of the objects M. Bazin directs us to hold in view in our treatment of the "teigne." These are clear, forcible, and most sensible, and will without doubt, if we keep them steadily in view, and are right in our supposition that a parasite is at the bottom of the evil, guide us one day to its easy cure. They are—

1st. To destroy the parasite if possible.

2nd. So to modify the skin that it can no longer live or find such conditions as may be necessary for its existence.

3rd. To treat eruptions due to the parasite.

Burgundy pitch, and other ingredients. For prescription, *vide* 'Formulaire Magistral de Bouchardat.'

4th. To modify by treatment the constitutions of those affected with the disease.

From this it would appear that M. Bazin is of opinion that these diseases are partly parasitic, and therefore contagious, and partly of a constitutional character; that is, that the fungoid matter or seeds fall in a soil ready to receive and develop them. He is thus opposed to a great extent to Mr. Wilson, as are most eminent French skin doctors, who believe thoroughly in the parasitic nature and contagious character of the disease, whilst they attach some importance to the constitutional state of the patient when exposed to contagion, never, however, attributing to that state alone the whole mischief. Whatever may be the exact cause of the mischief I will not pretend to say, but a case in my own practice forcibly brought home the danger of contagion to my mind. A daughter was the first of a large family to suffer with common ringworm, she being at the time in very delicate health. Her father and she both used the same easy chair, and the former whilst in perfect health was attacked in the same way, and on that very spot of his head

where he had rested it against the chair. Need I say that the chair was forthwith condemned to receive a new covering, and that all the rest of the household, some of them in bad health at the time, escaped? My own observations, both abroad and at home, lead me to the belief that all varieties of ringworm are due to the same parasite, assume various forms under different states of constitution more or less encouraging to their development, and may some day, perhaps, be all cured by modifications of the same treatment. But I cannot leave the subject without referring to the *frères* Mahon, who, having discovered years ago, and practised secretly, but with profit to themselves, a method of treating all these affections, at length consented to give up this privilege and practise it openly for the benefit of the public. Accordingly these gentlemen, *sine diploma*, attend the Hôpital des Enfants Malades, in the Rue de Sèvres, every Tuesday after the regular consultations are over, and on another day at the Beaujon Hospital.* I did not find, from personal con-

* Their attendance at St. Louis has ceased for some time.

versation with M. Mahon, who has a perfect knowledge of these disorders and their varieties, that he could ensure a cure of favus under a year or two, or from observation that his method was much superior to the others. Bouehardat gives us the formulæ of his preparations known as the "Pomades Mahon," which I subjoin, along with that gentleman's observation that one of them is very like a preparation of Sydenham's, of which great author's prescriptions, however, I will not accuse M. Mahon of any knowledge of or plagiarism from :—

Lard, 80 grammes ;*

Soda of commerce, 15 grammes ;

Slaked lime, 10 grammes.

Mix carefully.

Another remedy :—

Ashes of new wood, 100 grammes ;

Charbon "porphyrisé," 50 grammes.

The quantity of charecoal made to vary according to the alkalinity of the ashes and the susceptibility of the sick. The head to

* 1 gramme equals 18·43 grains.

be powdered daily. It is this preparation which somewhat resembles Sydenham's remedy—

Oil of almonds,
Oil of laurel,
Ashes of leaves of elder.

Mix carefully, and make a liniment. Anoint the head daily; place over it a pig's bladder.

Cases of herpes circinatus, by which name in this country is always meant (unfortunately for science) a parasitic ringworm disease, have been lately treated with great rapidity and success by M. Hardy, by the application of strong tinct. iodinii—after extraction of the hairs on one occasion only; and even that might have been avoided, in my opinion, and the iodine alone trusted to for a cure. This remedy has also been applied to several other cases of ringworm in its different varieties with apparent good effect.

Not merely for these specialities would I recommend the out-patient practice of the Hospital of St. Louis to the medical student, for here a larger number of most interesting cases

present themselves with great rapidity, giving the visitor ample time to exercise his own faculties of diagnosis before the final words of the physician of the day show him whether he is right or wrong in his own opinion. The consultations take place daily (except on Sunday), and almost always at 9 a.m., directly after the visit, which begins at 8 a.m. M. Hardy is an exception to this rule, in coming a little later; his daily visit is at 9, but on Thursday, his consultation day, he begins a little earlier, or makes his visit to the wards a shorter one than usual. Students will do well to attend on this day, and the one following (Friday), as on this latter they can hear more at leisure his remarks on the new cases either entered after the consultation of the day before, or sent him from the *bureau central*. The clinical lectures of this gentleman begin usually in April. In the case of an hospital removed from the neighbourhood of the medical schools, this deferred time of visit is a great boon to most men, who, like myself, live miles away from it, and to whom all the practice of the other physicians, except their consultations, is almost wholly denied. Should

not some alteration be made by all the medical officers in the hours for their daily rounds during the winter months?

Among both out- and in-patients in this hospital, especially among those thought worthy to be classed with the latter, one finds, as may be expected, that syphilis is very much at the bottom of most of their maladies, so that "plat-muqueux" of the skin and various mucous membranes are very common. In the former locality their granular appearance, with hypertrophy, is well known to all; in the latter, if in the mouth or palate, the ash-gray colour, and finely granular appearance, with defined edges, are their peculiarities; whilst round the anus these mucous tubercles never present singly, but always in distinct oval masses, arranged in a circular form around the aperture of the bowel, thick, dark red in colour, and greatly hypertrophied. Mucous tubercles appeared to me to be much more common among the syphilitic patients of Paris than among those of London; and several times the peculiar trumpet-shaped depressions and fan-like arrangements of wrinkles leading to the anal aperture, so well

described by Casper were pointed out to me among male and female patients in this and in the Loureine Hospital of this city.

But we are not all guilty in the matter of syphilis; and I may here mention the case of an unfortunate lady, who, being deaf, had the double misfortune of the passage of an Eustachian catheter without a cure, and with the introduction of syphilis into her system, to be followed by most terrible ulceration of the face, simulating lupus exedens, and destroying largely the cheeks and nose. The copper colour of the erythematous blush surrounding the ulcers would have furnished a means of diagnosis, had the history been wanting.

The presence of syphilitic eruptions about the nasal orifices and mouth has often raised the question as to the diagnosis between them and scrofulous sores; but M. Hardy lays down, that in the former case we have a thick, greenish crust formed, and covering in the subjacent ulcer; that we have them almost always arranged in a circular form around the orifice, and have less irritation. In the latter case we find irregularity of disposition and

outline with signs of scrofulous cachexia.* Again, syphilitic eruptions may simulate herpes circinatus, the tendency they have to assume a circular form helping to confuse us; but they have almost always a copper-coloured blush around them, and have a tendency to crust over with characteristic scabs, and to go into ulceration beneath them. In all cases the existence of thickened and enlarged glands, evident to deep pressure, on each side of the muscles at the back of the neck, is looked upon as a decided evidence of former attacks of disease; but I doubt whether they are ever present except in cases in which the patients have had secondary sore throats. The treatment of syphilitic eruptions does not differ much in Paris from our own; local remedies are more sparsely used, and tonics with general treatment preferred to mercury. Many cases might be found to give abundant occupation to Mr. Squire, should he care to cross the Channel.

* Often, as M. Hardy says, an excessive flow of thin, ichorous, irritating matter from the nostril is the exciting cause of scrofulous eruptions in these situations.

The class of cases to which, perhaps, M. Hardy has devoted the greatest amount of attention, are those of the "Dartres," under which head he includes eczema, impetigo, and their varieties; lichen, a name of multitude, and pityriasis; thus, in short, classing together most of the non-contagious maladies of the skin. I will refer my readers to his writings for further information, simply prefacing that M. Hardy is at issue with Willan and Bateman, and their numerous followers both in England and France, who seek to fix a name to each disease from its general characters, and not to group them after the manner which he describes as the natural one,* and analogous to that pursued by Jussieu in botanical nomenclature; and, if I rightly interpret him, M. Hardy would have us

* Thereby reviving the traditions of Alibert, who, to use M. Hardy's words, "résolue de transporter dans la dermatologie la réforme que De Jussieu avait introduite dans la botanique, et, à l'exemple de son illustre modèle, de baser la classification non plus sur une caractère unique, mais sur l'ensemble des caractères propres à chaque maladie, marche, phénomènes principaux, indications curatives, étiologie," &c. Alibert's excessive zeal spoilt his plans; they did not long survive him. and are only now revived.

believe that through such a nomenclature we shall find a guide to treatment, whereas the old method gives us none. The principal points noticed by M. Hardy are, that the dartres are not contagious—that they have terrible itchings, are very liable to relapses, and *are almost always hereditary*.

Under the head of Eezema, M. Hardy groups not merely the three stages of that complaint, but all cases and shades of impetigo, urging that the pustular character of the last complaint is merely an aggravation and further stage of the first-named, besides liehen and pityriasis, thus leaving for his second class only psoriasis and lepra vulgaris, a disease included under the first-named, and hardly ever mentioned by itself. In another division are the varieties of herpes. I gladly recommend all students to read M. Hardy's works, merely saying that they will find from them that most of that gentleman's colleagues are at issue with him on these points, with the exception of M. Bazin, who, however, is not altogether on his side, as he separates herpes, psoriasis, some of the eezemas, and liehen, into a class denominated "Arthritides," giving, whilst

doing so, many theoretic reasons in support of his opinions.

Among the curiosities of skin practice, I may mention some cases of eruptions from moral causes, one of which was especially striking, as it occurred in the case of a man who was one day crossing a street, and in so doing narrowly escaped being run over; he was excessively frightened, and made very heated and uncomfortable by his adventure; a state of affairs which, as regards his skin, did not pass away until three days afterwards, when he broke out in a most terrible psoriasis, his whole body being a mass of eruption, exhibiting every form of the disease, and being somewhat difficult to cure.*

In an adjoining bed, an old drunkard presented a form of psoriasis of a very intracurable character, but which at length succumbed to large doses of copaiba. Another patient in whom I saw this remedy tried speedily presented the copaiba rash with the psoriasis, and so severely that the drug had to

* A few years before, the same patient had a somewhat similar adventure.

be discontinued; the rash was an erythema, closely simulating scarlatina, and, like that eruption, being followed by desquamation. We had the pleasure to see both fade away steadily together; but the unfortunate patient, tried heavily by the severity of her treatment, suffered a severe attack of erysipelas before her convalescence could be pronounced. Had I psoriasis, the thought of this case would make me wish to win a cure by milder methods if possible.*

A coachman, who had been eight hours wet through, showed us that the cutaneous inhibition of large quantities of water can produce a pemphigus; but the hydropathists have been beforehand with him in their success in this experiment.

Two cases of tubercular leprosy, both in French people who had been in hot climates and brought the malady home, were worthy of notice; in one case a tendency to ulceration

* The discovery of the power of this drug was accidentally brought about by the cure of two obstinate complaints on the same patient, who, treated for a blenorrhœa, got rid of an old and apparently incurable psoriasis whilst taking copaiba.

of the thickened skin and to dysentery showed us that the end was at hand.

Two cases of ichthyosis were shown us; one in a child in whom the scabs were thick, hard, and black; and one in a gardener, in whom they were light and silvery. Both patients traced their maladies to their parents.

A case of pityriasis circinatus occurring in patches in various parts of the body, raised a question amongst us as to whether it might not be herpes circinatus; but its defined border and want of the little eminences of the latter disease, together with its occurrence on parts of the body not covered with hair, caused M. Hardy to give his opinion in favour of the former, and the result of treatment proved him to be right.

Strangely enough, several cases of sycosis and impetigo of the beard coming in quickly one upon another, gave us opportunities of comparing the two complaints. In the former, the tricophyton is said to be found, whilst its crusts are thicker and more defined, and are also confined to the hairy part; whilst impetiginous crusts are often found in patches, with

diffused redness on the cheek adjacent. I have already pointed out that the extraction of hair, said to be painless in the former case, cannot be of much value as a distinction; and to myself the only certain means of diagnosis appears to lie in the fact that a honey-like semi-fluid exudation is a constant feature of impetigo, but is never found in sycosis or favus. The question is obviously of great importance, and worth more than a passing notice.

In conclusion, I may mention the fact to which M. Hardy has called attention—that persons who have eczema in early life, very frequently die of cancer later on, and are, moreover, very often of cancerous families.

In the first part of my description of the Hospital of St. Louis, I omitted mention of the splendid baths attached to this establishment. These are divided into two parts—male and female—and contain every variety of bath which can be thought of, always ready. They are an inestimable boon, not merely to the patients of St. Louis, but also to those of other hospitals, whose out-patients not unfre-

quently bring orders for baths at this establishment. The baths, unfortunately, do not form a portion of the hospital, but stand detached in its extensive grounds, so that the patients are obliged to be carried from the building itself across the courts; an arrangement, as you may suppose, objectionable, though unavoidable. The length of stay is long; those interminable eezemas are not to be cured in a day. The mortality is small, 1 in 19 or 20—a fact which may easily be accounted for.

HÔPITAL DES CLINIQUES.

A small hospital containing not much more than a 100 beds, and next to the Lariboisière the most modern of the Paris hospitals, and most decidedly the worst. It is, I believe, the property rather of the Faculty of Medicine than of the Administration of Public Assistance, although I find that the latter body contributes funds for its support; for in the hospital returns for the year 1854 is a sort of official complaint that this hospital is more expensive for its size than any other in Paris.

The building faces the École de Médecine,

and is somewhat of a foil to the elegance of that structure. There are no medical beds in it; the surgeon, M. Nélaton, occupying the greater part, and the obstetric physician, M. Depaul, the other. Within the house, the wards are certainly the worst in Paris; they are cheerless, narrow, low in some parts, dark, and paved with uncomfortable tiles polished to look much warmer than they really feel. The great redeeming feature of the hospital is its pleasant airing-ground, round which its buildings are arranged, planted with various shrubs and flowers, and adorned with fountains; an arrangement which must be doubly grateful to the convalescent.

As this is a special hospital, its great object is study; so two of the best men in Paris give their services to it, and not merely medical students but midwives also have the opportunity of learning their profession here. The mortality has been returned as 1 in 15. The *clinique* of M. Nélaton is most especially thronged, that gentleman's great European reputation drawing students in such numbers that an approach to the beds is most difficult; and as he gives clinical lectures and

operates repeatedly, no chance of improvement is ever lost. On one occasion he directed some most interesting experiments with a view to demonstrate the power of ether to deaden the sensibility of parts about to be operated on ; and I saw three patients treated in this way. The first, a case of fistula, received a good dose of the ether ; he roared with pain : the second had a cancerous affection of the skin, and declared himself to have felt nothing whatever of the operation : the third, a female patient with sinuses in the breast, gave no sign of suffering.* They all declared they had felt a little cold. The ether was placed in a bottle, into which entered a tube, having at its outer end another tube running across it at right angles, and ending close to the orifice of the first : insufflation into the last-named tube by means of a bellows was sufficient to raise the ether from the bottle, and direct it in a finely-divided state on the part about to be cut into.

* A result, perhaps, somewhat due to the hardened and cicatrised state of the skin around, the woman having been on the table before.

STE. EUGÉNIE.

That Paris, less extensive, less populous, and far less wealthy than London, should boast of two well-conducted, spacious, and, in most respects, excellent hospitals for children, must make us blush for the latter city, and doubt whether the enormous revenues of the older London hospitals might not have been made to do more than they have done, and whether subsidiary establishments might not have been erected under the protection of one or more of them and applied to this purpose: but it is the character of the Englishman to be in some sort prodigal of his wealth, and not always to apply it in the best way; whilst with the French, on the contrary, nothing whatever is wasted, and their talent for management and diplomacy is of the finest order. I know that it will be urged against children's hospitals, and with some show of reason, that they soon become centres of infection, giving epidemics to all who come within their walls; but better management might, to a certain extent, obviate this: moreover, it is evident to every one that

no good thing can in this world remain long unmixed with evil. It becomes us, therefore, to ask whether it be worse for a few children, well managed and well cared for, in an hospital, and therefore having every chance for life to be lost, or for many to sink under the influence of disease in all its aggravated forms within the squalid, loathsome tenements of a crowded neighbourhood. If there were fewer children in London than Paris, the want I have mentioned above might well be excused ; but this is not the case, for, unhappily, in this beautiful city children are among all classes few in number, often wanting ; a rich man will have his two, three, or four ; the working man, in reply to your question as to how many little ones he has, will reply, “ Two, sir, and they are enough for an *ouvrier* ; you who are rich can have as many as you please.” I am told that the same thing prevails in nearly all the large towns of France, and that such a thing as eight or ten children amongst any class of townspeople is an almost unknown thing ; in England we do not consider less than seven or eight a large family. The hospital of Ste. Eugénie, situated in the middle of the Faubourg

St. Antoine, was but a few years ago an asylum for orphans ; it is in the midst of spacious grounds, and has a gymnasium attached to it. The foundation of this hospital is, I believe, due to the Empress ; nevertheless it has not escaped the criticism of M. Bouchardat, who tells us that the grounds are spacious, but as for the wards, as they have not been constructed for a children's hospital, we must not expect to find in them, with reference to their ventilation and internal arrangements, that perfection which recent progress should have effected. With this criticism, however, I cannot agree : the wards, although not lofty, are comfortably warmed and aired, and are not by any means so crowded as those of some of the more pretentious structures ; they have altogether a comfortable, cheerful look, and so, comparatively speaking, have the little sufferers within them. Many French gentlemen have expressed a wish that the large grounds of this and other hospitals in Paris should be devoted to the building of fresh wards ; a proceeding which would be hardly wise, for these open spaces are great blessings, not merely to the inmates themselves, but also to the neighbourhoods by which they

are surrounded. What is really wanted, is another general hospital of six hundred to eight hundred beds, with a capacity to hold them ; and this is almost the only item of hospital arrangements in which the French would do well to copy us. The number of beds is about four hundred, the mortality one in six ; the serofulous nature of the patients' maladies being quite sufficient to account for this rather high death-rate. This hospital is most remarkable for its serofulous cases, which have several wards given to them, and in which may be seen every variety of those maladies, diseased hips and spines being fearfully predominant.

The very polite physician with whom I went round gave me to understand that these patients are retained several months here, and then sent to an institution in the country for their better recovery. The advisability of keeping such patients long in a crowded neighbourhood may be much questioned : at the time of my visit, measles of a bad type was running wild amongst them, and killing not a few, either directly or more often, by complications. Some of them, I may mention, showed, with their pneumonias, that flushing of

one cheek on the same side as the disease which Dr. Gubler has given us as a sign sure, when present, of the serious mischief within. It needs yet many more observations to establish this as an invariable symptom.

HÔPITAL DES ENFANTS MALADES.

This hospital, founded in 1802, admits infants of both sexes, from two to fifteen years of age ; it also treats out-patients. Its number of beds is upwards of five hundred, sixty-nine alone being for surgical cases. Its arrangements are, in a great measure, admirable ; for not only has it large airing-grounds well planted with shrubs, flowers, and avenues of trees, but also two separate pavilions, into which the more violent contagious maladies are admitted ; and it was into these that the cholera patients chiefly found their way : and, indeed, it would be well if this arrangement could be closely carried out, for here we see that which must always prove more or less an objection to a children's hospital—the fact that patients with infectious diseases are ad-

mitted into the general wards, although they are the most liable of all classes of sick to contagious and infectious disorders ; and it is not too much to say that a child may enter an infants' hospital with croup, may recover from it only to have measles and whooping cough, and may, after all, experience an attack of smallpox, happily modified by the practice of vaccination here so generally enforced on all patients who enter an hospital. In the grounds of the hospital are a number of machines for gymnastic exercises ; and these, with the fine air and nice walks around the house, contribute vastly to the cure of many of the children, especially the choreaic ones. There is no special method of ventilation adopted in this institution, and, on the whole, it is not badly ventilated, except in those wards governed by sisters not sufficiently fond of fresh air ; whilst, taking the ages of the little patients into consideration, there is not much overcrowding, and, although Bouchardat says that some of them might be a little more lofty, yet I think he could fairly enumerate other hospitals in which this blot better deserves to be hit, and hit very hardly. The wards have

a cheerful, clean, and tidy appearance, the polished floors, the objects of devotion, and the children's toys, making the sight of them most pleasant; the patience and fortitude of the little sufferers are indications of that which they will show when they become men, for, without exception, the French are the bravest surgical patients I have ever seen.

About this hospital I have frequently noticed very bad smells, and, therefore, fear that its drainage must be very defective; the practice, moreover, of emptying refuse matter into pipes which lead from the upper stories to drains surrounding the house must be most pernicious. The mortality here, as may be expected, is very high; phthisis, pneumonia, and eruptive fevers, doing their work well, to say nothing of scrofulous diseases and croup. It is calculated that each patient stays from thirty-five to forty days in the house: the mortality is about one in six.

That there does not exist in London, and perhaps in any city of the world, an hospital at all comparable to this for acquiring a knowledge of the diseases of children, is alone a sufficient reason that students and young medical

men should come to Paris, or, if already here, should spare the time for a visit two or three times a week, in preference to working at other matters of which they can gain a better knowledge at home. There are two eminent physicians attached to this establishment whose practice men will do well to follow soon after their first entry into Paris: viz., M. Bouchut, not merely for the sake of his clinical teaching, and the care he takes in the dictation of his cases, and in indicating those points of them which most require attention, but also for the excellence of his well-delivered clinical lectures—although they are given with an utterance rather too rapid for an Englishman unaccustomed to hear French, a difficulty which, however, vanishes after one or two trials,—and M. Roger, who, on each Wednesday, gives special attention to all his cases, and follows his visits by a most excellent and well-delivered clinical lecture, spoken distinctly in the purest French, and, therefore, in that most easy of comprehension to a new arrival.

It is, I believe, a fact that among the children of any town, a visitor will find numerous indications pointing to the general

salubrity of the place, to its comparative wealth, and to the habits and institutions of the parents. Thus, I believe that, could statistical observations be collected, we should find, after making every allowance for difference of population, that Paris can show more scrofulous and rickety children than London, and certainly many more afflicted with skin disease. The infantine portion of the population is by no means so marked a feature in Paris as in London and its suburbs, where they seem to be constantly in danger of being run over, and to have more lives than the most fictitious of cats; and yet, whether it be in the gardens of the Palais Royal, or those of the Tuileries, or any other place of public resort, in which their nurses seem to take especial care they shall all meet, one is shocked at the numerous bad cases of skin disease presented to one's sight.

The air of Paris is pleasantly keen and bracing at all times of the year; and so its summer heats, if greater, are less encraving than our own, whilst its winters, although clear, keen, and very cutting at times, are not the less changeable and very foggy at others. People will not, therefore, be surprised to hear

that its stouter, healthier children suffer from croup in its most acute form, as well as from other acute disorders, such as pneumonia, bronchitis, &c., for none of which diseases is any lowering treatment adopted, nor, on the other hand, any of a highly stimulating character, wine being but rarely given. Thus we see that in these last-named complaints the French are more expectant than ourselves; they give nature herself every chance, as much as leaving her alone can be said to do so, but do not help her much, although they watch every turn of the disease most carefully, and can, by their peculiarly well-educated faculties of perception, tell you every new feature of the case, whether it change for good or ill.

I do not think we have much to learn of the French in the way of treatment. With regard to croup, however, the medical men here go to the opposite extreme to ourselves, and as a consequence of their practice can, I believe, show a greater number and more perfect set of the false membranes peculiar to that disease than almost any other hospital physicians; and this is due to the fact that they rarely wait, but on the first access of suffocation proceed to

tracheotomy, and, as far as my knowledge can answer for it, with great success, for out of twelve cases I saw but one succumb. Thus we see that their secret is in doing the operation early. "Why should we," said M. Bouchut, in a forcible clinical lecture on this subject—"why should we wait? Let us first, by a careful examination of the fauces and chest, ascertain that real and not spasmodic croup is the disease we have before us; and then, when an access of suffocation threatens the patient's life, let us operate whilst his vigour is still untouched, instead of waiting till we have finished our trials of leeches, mercury, emetics, blisters, and other remedies, and until the somnolent state of the patient, his blue lips and turgid head, show that his time is near." Such, if not a literal translation, is the sense of M. Bouchut's observations, and of the grounds on which he and other physicians of this hospital base their practice. They are, however, not the first who have urged this point; for many old King's College men will recall a paper* by Mr. Henry Smith advocating this method of treatment. Who amongst us who

* Read before the King's College Medical Society.

has seen much of croup cannot recall the struggles of the child for many days and nights, and the constant anxieties of both parents and medical men, and how only by the most careful watching and personal attention these last have gained their end? We may also remember how rarely, in a case cured without operation, we have seen a false membrane expelled entire, as a mould of the air-passages it has attacked: in such cases we know that it more often comes away in thick shreds mixed with mucus. Now, I have repeatedly noticed that in Paris, after an operation, the false membrane comes away in large pieces, oftener as a mould more or less extensive of the parts affected: moreover, at both the lectures of M. Bouchut and those of M. Roger, nearly perfect specimens were shown us, one, if I remember rightly, in the shape of a mould of the larynx, trachea, and of some part of the larger bronchi. A mental comparison of this mould with the size of a child's trachea, and an estimation of the aperture left in its centre for the admission of air, led me to the belief that the dyspnoea in croup is not so much due to want of space for

air to pass, as to the spasm the presence of the foreign body creates, this spasm being an effort of nature to throw it off, the trachea constricting itself to detach it. The sight of a false membrane forming a mould of the air-passages it had attacked, and which had been extruded through the larynx, after an operation in which the trochar had not perforated the membrane itself, but had pushed it on, and passed between it and the mucous membrane itself, led me to think that the operation does not do good so much by merely letting air into the lung, as by assisting nature in her efforts at detachment and expulsion. If this be the case, it is very clear that an operation to be successful must be early, before the vigour of the child is impaired; he must yet retain the power to cough away the obstruction.*

But many will say that cases of such extreme urgency are not so common in England. We have generally time to try some

* The first effect of the introduction and re-introduction of the tube is almost always to cause fresh spasm and access of suffocation. Doubtless, some of the membrane is pushed up into the larynx; and here we see an additional danger in the way of a late operation.

means, and oftener with success than not ; and I am sure, from personal observation, that in many parts of this country croup rarely gives one any anxiety, whilst in sandy or chalky places, on the banks of a stream, the reverse is the case ; and doubtless, France, which for so many years kept diphtheria to herself, is an apt parent and quick producer of false membranes. In the later part of the winter, M. Bouchut made more fair and full trials of emetics, especially the antimonial ones, and had some success, but still could not quite abandon operative measures. The power of antimony in overcoming spasm, and causing detachment and expulsion by the retching and straining it gives rise to, cannot be over-estimated ; but, unfortunately, if given continuously, its lowering and exhausting properties are a great objection to its use. Theories as to the effect of mercury in spoiling the false membrane take no hold over here ; obviously there can be little time for that effect to take place.

Still following those diseases which climatic or such like influences give rise to, I will notice next that very common French com-

plaint, "diphthérite"*—a disease we may truly consider as French, deriving both its origin and name from the country which gave it birth; for I believe that the semi-scientific character of its appellation is the only piece of antiquity about it. That we, in England, have had but little experience of true diphtheria can be truly said, since only two or three decided epidemics have shown themselves, although all sore throats (since 1856) have had a tendency to assume a patchy character, and especially those of a scarlatinal nature; a fact which has led many English physicians of eminence to consider diphtheria as merely scarlatina without eruption. The French physicians, however, are fully persuaded to the contrary; and those who have seen much of this disease will, I feel sure, join them, and class this disease with low ulcers about the mouth and lips (stomatite), and also those extensive and depressing ulcers about the vulvæ of female children which have an ashy slough on their surface, and which, when present

* Diphtheria is an Anglicism; the original name was as above given, and is hardly a more corrupt derivation than our own.

among the uncleanly children of the poor, do such frightful mischief. Almost as surely as you find diphtheria about, so are these last-named complaints present among children.

But I am given to understand that diphtheria and its allied complaints are seldom a year absent from Paris; and a bad case of the disease shows us a thick, tough, false membrane adhering tightly to the fauces, roof of mouth, tongue, lips, and gums, passing into the nostrils and causing an irritating fetid discharge to ooze from them. The membrane (as Dr. West says) seems to be of a croupy character, but differs inasmuch as it attacks the weaker of the children, croup generally the stronger. Moreover, the detachment of the false membrane does not cure the disease, as it almost always does in croup. French physicians say that albuminuria is by no means a feature of diphtheria; a fact which may serve to distinguish it from scarlatina with suppressed eruption. That the membrane is not of an aphthous nature, may be inferred from the fact that the mild alkaline remedies which speedily cure the thrush, supposed to be fungoid in its nature,

are of no avail in cases of diphtheria, for which strong acids and chlorate of potash, or the application of "coaltar,"* are most useful; whilst in cases of "stomatite," an application of powdered chlorate of potash has been repeatedly used by M. Bouchut with good effect.

Typhoid fever is endemic in Paris, and never absent long together; it is very often fatal. The treatment is more expectant than with ourselves, strong stimulants and opium being avoided; whilst, to check the diarrhœa, cold injections of infusion of chamomile are employed: astringents are also given. In the lowest forms, Burgundy or old Bordeaux wines are given. New Bordeaux, as fresh arrivals in Paris speedily find out, is apt to prove a most effectual aperient.

Of ague I have seen three or four cases in this hospital, and am told that many of their fevers take on a remittent type. Two of the cases were foreign, from Algeria: one, apparently twice cured by quinine, obstinately relapsed, but was again overcome by subcu-

* "Plâtre ou farine, 100 parties; goudron de houille, 1—2—3 parties."—*Bouchardat*.

taneous injections of that drug. This disease is not so utterly extinguished here as in London, but to what cause this is due I am unable to say, unless it be to the sandy nature of some part of the soil. One aguish patient whom I saw at the Hospital of St. Louis told me that the complaint attacked him whilst resident in the neighbourhood of the Rue St. Antoine, not far from the Hôtel de Ville, a part which was once called the *Marais*, where a palace once stood, and which, on account of the unhealthy character it bore, was more than once abandoned for the Tuileries: its final destruction, *Galignani* tells us, was due to another cause.

Cholera cases found their way here as to other Parisian hospitals, and had all the well-known characters of this disease in former times, but were less acute on the whole. The noticeable feature of many of the cases was a secondary rash which followed with the secondary fever of reaction. It consisted of broad oval patches of a purpuric character, scattered more or less over the chest and limbs, accompanied with duskiness of skin and great depression; the intellect remained clear. The

appearance of this rash was looked upon as a bad sign; and of two exceedingly well marked cases of this disease which I saw, one in the Hôtel-Dieu, and another in this hospital, both died.

That this is due to a state of blood poor and watery, deficient in red corpuscles or fibrine, must be impossible. Its probable cause seems to me to be this: the blood, owing to the draining of its watery constituents, becomes of a much denser character than it naturally is, and remains in a semi-stagnant state in the remote capillaries; a sudden reaction ensues, and the heart's action, augmented by an excitement febrile in degree and character, strives to drive on this blood at a rate which its semi-glutinous state renders impossible, and in doing so ruptures the smaller vessels. I have seen also an obstinate case of eezema attributed by its bearer to an attack of cholera, which had probably deprived his blood of those saline constituents necessary to render it useful for the nutrition of the tissues. Cholera publications have been a flood of which I cannot pretend to have read much, but the general opinion is that they have added little to

our knowledge: there have been the usual disputes as to the contagiousness or non-contagiousness of the disease, but not many attempts to fix its origin, or at least its increase, on the bad water supply and other defective sanitary arrangements of the city. One writer ascribes it to an altered condition of the electrical state both of the atmosphere and ourselves; another, whose opinions are well known, to a hyperæmie state of the nervous centres caused by long-continued heat of weather. The former, Dr. Shrimpton, of Paris, is quite safe; for although he proves nothing, and does not seem to have given any one the cholera by electricity, yet cannot be very well defeated by any argument stopping short within the bounds of the endurance of mankind. As for the latter, the course of the Paris epidemic alone would seem to contradict him, for it was influenced *for the better* always by rain and storm. Thus the cholera began in September (about the 20th) in the midst of most hot and unwholesome weather both of day and night, when not a leaf was stirred by wind, and the heavy stagnant air smelt close and stuffy by day, and was

downright offensive at night; wind and rain came in October, and shortly the bills of mortality, such as we could hear of, began to fall, and fell more or less steadily all the winter, but brightened up again and again at times when rain ceased, and in spite of cold. Thus I can recall that on a visit to Dr. de Mussy's practice at the Hôtel-Dieu a few days before Christmas, when there was intense cold and frost, and when the Seine had again sunk a good deal towards its old level, they told me the mortality had again risen, nor did it finally cease until the violent storms and rains of January, "sent with healing breath," swept the disease away about the middle of that month. Now, the nervous centres, uncovered as they are by any surface structures full of warmth-giving blood as are the lungs, &c., are exceedingly exposed to the influences of temperature. Thus we know how hard it is to work the brain in an intensely cold room on a cold winter's day, and, doubtless, at that time the brain has too little blood, as it has too much in very hot weather, when an attempt to work makes one sleepy. Why, therefore, should people have cholera in cold

weather, if Dr. Chapman's theory be true? But his experiments in the way of treatment at the Hôtel-Dieu were not continued sufficiently long to allow of results being arrived at.*

* It is hardly to the purport of my work to give here such remarks as reading and repeated observations have led me to form on the subject of cholera; but, like many others who begin, I am unable to resist the temptation. The positive and primary cause of cholera will probably never be found out until the day comes for the discovery of all such poisons. Its way of seeking to escape by the bowels, which we may consider as a mode analogous to that which arsenic employs, is well known, and may cause us to think whether we should use an eliminative treatment in cases of poisoning by that drug. I think we may answer in the negative: arsenical diarrhœa being one fatal means out of many by which the poison seeks to kill, we should try to check it, soothe the patient, modify the mischief by counter-irritant means, and get, if possible, some nourishment retained, independently of any special means by which we should seek to neutralize the effects of a poison the nature of which we know as well as we do its ponderable qualities. Moreover, in a chronic case of arsenical poisoning, we should ask ourselves, in what way less injurious than that of aiding or causing a pernicious diarrhœa we could help the system to throw off the poison; and induce, perhaps, an action on the skin or some glandular structure known to be but little affected by it. So, in cholera, the right treatment seems to be such as may moderately check the diarrhœa and soothe the patient:

Stimulants were used greatly in the treatment of cholera at the Beaujon: rum, I am told, was preferred. Opiates, and especially opiate enemata, were in fashion. Some post-mortem examinations in cases of cholera showed the millet-seed appearance of the glands of the intestine; a result due, I believe, quite as much to a denudation of the mucous membrane of its epithelium as to hypertrophy.

Measles has been epidemic here more or less all the winter, and has not spared the Imperial family. The distemper has been of a bad type, and among scrofulous children, both here and at the hospital of Ste. Eugénie, has not been without its most serious complications,—pneumonia, for instance, sometimes complicated with false membranes in the smaller bronchi.

Smallpox has run wild, and been seen such as will quiet the stomach and cause nourish men to be retained; such as will tend to restore the suspended functions of the liver, kidneys, skin, and other glands; besides the use of such counter-irritants as we may judge good. For the first intention, some preparation of opium, Indian hemp, or perhaps, better still, chlorodyne (unfortunately known to us only as a quack medicine), will suggest themselves to us all.

everywhere, but most especially at the house of La Pitié; it has been somewhat fatal among the vaccinated, whilst among those who had neglected this precaution its confluent character and fatality have been most marked. Doing its work in the midst of a country in which the cattle plague has been almost entirely absent, its presence furnished a strong argument against the identity of the two diseases.* This malady brought forth several interesting clinical lectures from many French physicians, and some grateful tributes to the memory of Jenner; but I am spared the necessity of noticing all they have said by the appearance, in a back number of the 'Medical Times and Gazette,' of a report of a discussion at one of the medical societies of Paris. In the course of one of his clinical lectures, M. Bouchut desired to give us an opportunity of seeing the method of transferring vaccine from the cow to the human subject, and so had an animal brought into the lecture-room, thrown down, and the matter from a cluster of vesicles on its udders inserted into a child's

* Letters to the 'Journal Pratique d'Agriculture,' and to 'Medical Times and Gazette.'

arm, unfortunately without success. But, be that as it may, the attempt is an instance of the earnestness of French medical teachers, and their determination that at least none of their pupils shall go into the world to practise an operation they have never seen.

Two interesting cases of syphilis after vaccination, one especially from the veteran M. Ricord, whose voice is now seldom heard in the schools, and from whose remarks no one doubts but that the poison may be introduced by a perfectly well performed operation, and whether or no the fluid be mixed with the blood of the patient: this, too, is the general opinion of French physicians. In the cases to which I allude, the vaccination had left indurations with a copper-coloured erythema and enlarged glands, whilst other secondary eruptions were not wanting.

That men marry late in life at Paris, and often then after having used up a life of luxury and pleasure, may be one reason why scrofula and debility in their many forms are so much seen among the children of this, the gayest city of the world; but scrofulous cases are less marked here than in the Hôpital de Ste. Eugénie,

which seems to be more devoted to them, and the space can be more profitably occupied with a short notice of some other maladies perhaps not less an inheritance to children of the faults of their parents.

Chorea is very frequent ; as with us, so with the French, the brightest and most precocious girls are its victims. Under M. Roger, we find cyanuret of soda succeed ; whilst under M. Bouchut, good diet, gymnastics, and subcutaneous injections of sulphate of morphine are employed, the latter being prescribed to quiet the convulsions and procure sleep : but it is to the former, I suspect, the cure is generally due.

Among the epileptics, sulphates of morphia and atropia were used subcutaneously, but I cannot say with any success, except in one case, in which the fits, previously very frequent, decreased to such an extent, that at my last visit to the hospital one had passed a month without an attack.

The subcutaneous method of administering remedies has had a most extensive trial here ; but I suspect that among those afflicted with chorea, relapses are not by any means un-

common, and that, after all, the old method, which Dr. Todd described as "washing, ironing, and oiling," will gain fresh repute, especially among the rich, who, unlike the poorer sufferers, are not taken from poverty and bad management to a comfortable hospital and proper training.

Strumous affections of the liver and peritoneum are not unfrequent among scrofulous Parisian children; and I can recall one interesting case under M. Roger, in which tapping was had recourse to for relief from the enormous dropsical distension of the abdomen: the child died a few weeks afterwards, and was found to have a large and fatty liver, with tubercular disease of the mesenteric glands; the peritoneum showed all the signs of chronic inflammation, of which the great dropsical accumulation was doubtless a sequence. It would seem that diseases of the liver take the place among the French of those of the kidney, which, especially among children, are very rare. May it not be that the constant supply of saccharine, fatty, and other non-azotized matter, is to the first-named organ what gin is to the last? for amongst the

offspring of gin-drinking parents, often gin-drinkers also themselves, I have heard it said that a state of albuminuria is not at all unfrequent. Unfortunately, absinthe is fast becoming to the French what gin is to us.

Some cases of brain disease with palsy, or with threatened hydrocephalus, led M. Bouchut to employ his ophthalmoscope to show us the state of the vessels and nervous structures of the retina, calling our attention, at the same time, to a recent German work, with its atlas of these appearances.

HÔPITAL DU MIDI:

An hospital, thanks to Ricord and others, of European fame. After which statement, it is almost superfluous to say that it is devoted to syphilitic cases almost exclusively, and that all its attendants are males. Syphilis first reached France in the year 1495, and its arrival probably, with a virulence little known in our days, caused such an amount of terror, that, firstly, an asylum was formed for nurses and infants attacked with syphi-

lis, and, secondly, that building was, in the year 1592, converted into an asylum for all syphilitic patients, whether male or female, but has been devoted entirely to the former sex, since the great changes which closed the latter half of the last century. The year 1592 was perhaps the time when the syphilitic panic reached its height; and Bouchardat tells us that in that year a decree was passed ordering the sequestration of all persons attacked with the disease, and threatening them with death in case of their appearing in public before their complete cure. We read, also, that at and after this time syphilitic patients were very badly treated, being closely confined in the various asylums into which they were received, in narrow wards, with the windows nailed up, and, owing to their great number, made to sleep four in a bed, and that only from 8 p.m. to 1 a.m., when they were made to get up to make room for a fresh supply of invalids in a like unhappy plight, who finished the night in their places; and to crown all, these people often remained a year without treatment.

The patients are mostly venereal cases of

the ordinary kind, some of whom pay for their residence, board, and treatment, an amount of from two to six francs per day. Formerly the whole house was given up to venereal cases; but since the last invasion of cholera, and the large amount of illness of this winter, a great number of its beds have been allotted to ordinary cases of illness, the male sex alone having the *entrée*. The wards are some of the best, and can compare with those of most of the Paris hospitals, but are overerowed, and have not so much pure air as one could wish, and more of the sickly venereal smell than one likes. There are, as usual, good grounds around the house. Experiments in inoculation are practised here with great zeal, and the *interne* is directed always to carry his instrument round with him; but there is little to interest any but a very determined student of syphilis, although the visit takes place at a very convenient hour, 9.15 a.m.

Many of the patients of this hospital might well be eared for in the out-patient department, and the more so as the hospital is free, there being no law to detain an infected person until his cure is established, and so

keep him out of harm's way. It is, of course, very useful for purposes of science. There are 336 beds, with a mortality of 1 in 225 of those purely syphilitic ; a result which the ages of the sick, and the nature of their maladies, renders not improbable.

HÔPITAL DE LOURCINE :

The French Lock Hospital, and certainly one of the best in Paris, being well aired, well lighted, having all its wards, with but two exceptions, roomy, and not more overcrowded than is the habit in Parisian hospitals. It receives, in the first instance, infected women, whether prostitutes or not, who come here voluntarily, and can depart when they please ; but if they do so before being cured, are liable to be placed under the surveillance of the police, and if obstinate or perverse, to the forced confinement of the hospital attached to the prison of St. Lazare, where less comfort awaits them.*

* The last-named hospital receives all prostitutes convicted of the offence of following their calling

The Loureine has two other classes of patients besides the above named, viz., pregnant females in a state of disease, who are confined in the house and cared for by its *internes*, and children who have been violated and at the same time diseased: these last have a small ward to themselves. With regard to the former of these two classes, I was agreeably surprised to find no puerperal fever amongst them, and that, too, at a time when two other of the Paris lying-in hospitals were closed for this reason: on inquiry, they told me that this was due to the long distances maintained between each patient when being delivered, the intervening spaces being occupied by infants' cradles, and other patients either expecting or having undergone their trial. This reason appeared to me insufficient, and, on my part, I should rather be disposed to attribute this freedom to the fact that this hospital is strictly private, no midwives or students seeking instruction being admitted, and the patient thus having only the necessary

without the usual certificate of freedom from disease. Being a prison establishment, it is not under the control of the department of Public Assistance.

attendance, not the constant examination and over-examination to which she is subject in the special obstetric hospitals, as well as to the fact that no infectious diseases find their way in here to contaminate the air, and that the low rate of mortality, by not furnishing post-mortem examinations, frees the attendants from all chance of conveying infection from that, the most fruitful and most fatal source of all. The Lourcine is closed against both the medical and non-medical portions of the public; but an order is rarely refused to any medical man, especially if a foreigner. Distance would render attendance here difficult; but any one disposed to overcome that obstacle will find a good opportunity of acquiring a knowledge of the use of the speculum, and of various diseases of the os and cervix uteri. The mortality is 1 in 55, a higher rate than in the establishment for men, and to be accounted for probably by the long life of debauchery and prostitution which the patients have led. The number of beds is 276, 50 being for children.

With this concludes my account of the hospitals of Paris as I have found them,—and with the *hospices* my little work has nothing to do ; for had I attempted a notice of them also, it would have been no longer as small as it is, and would have taken up more time and labour than the low state of health which chiefly induced me to spend the winter in Paris would have allowed. The lunatic asylums are of the *hospices*, that for women, the Salpêtrière, being at the same time an establishment for the aged, whilst that for men, the Bicêtre, gives the same accommodation to old men, who occupy the best and most prominent buildings, and look very comfortable, sunning themselves in its courts. But there is one *hospice* of which I feel that some notice should be given, for the reason that in England we should call it a lying-in hospital, and that it is perhaps of great note in Europe, both on account of its former celebrity as the Jesuit Abbey of the Port Royal, as well as for its present utility as the school of midwives : moreover, it may teach us a lesson as to the necessity of keeping a close eye on all establishments of a similar kind.

HOSPICE DE LA MATERNITÉ,

An establishment into which pregnant women who have reached their eighth month of gestation are admitted, or earlier if in danger of being prematurely confined. Their existence is kept strictly secret, no stranger being admitted on any pretext; and so knowing nothing from personal observation, I must draw my supplies from Bouchardat, who tells us that it contains 433 beds,—150 for the ladies in waiting, 200 for those delivered, 25 for the children, 8 for nurses, and 150 for midwife pupils. One ward is destined for the women who begin to feel the first pains; and there they stay until it is thought proper to make them pass into the *salle d'accouchement*. This hospital is now (March, 1866) closed, on account of the fever prevailing among its patients. Bouchardat tells us that the wards are lofty and very good, and that it has every convenience; and, in doing so, asks us to admire how much the lot of these unfortunates has been improved since the time when they were cared for in the Hôtel-Dieu, and when, ac-

cording to Tenon's report, the patients slept three and four together in beds of 4 and 3 feet width, the only classification at all of any kind being an attempt to place together those with itch and syphilis, all others taking their chance. Such a statement leads us to compare the mortality of those days with that prevailing now, when an exact knowledge, not merely of the process of natural labour, but of all the difficulties it may present, has made it so safe in private houses, that no more than 3 in 1000 die, and many medical men pass years without losing a case from any cause connected with parturition. Well, in the old days of the Hôtel-Dieu 1 out of every 13 died: in these days of the hospital in the Port Royal, we find that from 1845 to 1854, 1 died in 17; in 1855, 1 in 11·49; in 1856, 1 in 10. This return includes both women and children; but in 1856 we find a return relating to women only, and it was 1 in 18·48. Is not this result condemnatory of lying-in hospitals? Should they not be utterly abolished? or if left, be built in roomy separate compartments? This bad state of affairs has not escaped the eye of

the administration, who have made numerous proposals to alleviate it, after having instituted comparisons between the Paris hospital and those of Vienna and Dublin. I do not know the mortality of London lying-in hospitals, but that every few years one hears of one of them being shut up, or having some deaths, is a notorious fact. Why should not attendance be in all cases given either in patients' own houses, or in rooms provided and hired for the purpose, so that the attention given by charity may be assimilated to that given in private practice? Such a plan meets with success in London, both in the case of the charity specially ordained for that purpose, and in that of the departments attached to the hospitals, through which attendance is given by the pupils under proper restrictions and supervision.

SCHOOL OF MEDICINE, AND METHOD OF MEDICAL EDUCATION.

IN England it would seem a very natural transition to pass at once from the hospitals and their inmates to the students who attend them; but arrangements are totally different in Paris, as these buildings have no schools of medicine attached to them, all the students receiving their education from one recognised source, the school known as the School of Medicine—a government institution supposed to collect the whole number of medical students in Paris within its walls. The number of medical students in Paris is reckoned at about 2000, of whom 500 are said to be foreigners, Americans and Germans coming here in large numbers, along with a very fair sprinkling of Englishmen, most of whom, however, come either to finish their education, or to follow some special line of study, such as practical surgery at Clamart, the study of skin disease, midwifery, and the ophthalmoscope. The wisdom of thus collect-

ing all the medical students in one centre may be very much doubted, especially in a country like this, in which assemblies of men for any purpose whatever may as well be avoided; and not merely for this reason, but because the having only one school denies to members of our most hard-working profession all those offices of instruction which, although by no means fortunes, yet undeniably do give position, with its rewards both real and prospective, and do lead men to take a still greater interest in their work and in the training of those about them: thus we see that our English system from one good man produces many followers emulous of their master.*

That professors should take an interest in their students is also very difficult to imagine, when they do not and cannot meet anything like a fair portion of their class in the wards

* In support of this opinion, I will recall to many of my readers the late Dr. Todd's valedictory address at King's College, London, in which he brought forth a long list of the names of his pupils who had grown up under his professorship, and had collectively—nay, in some cases individually—done more for physiology than himself.

of their hospital, if by any chance they ever happen to come into contact with them at all. Moreover, the hospitals are some of them too far removed from the School of Medicine to permit of much attention on the part of students, who are, I believe, rather rarely seen at those of St. Antoine and Ste. Eugénie; and again, it cannot be doubted that if each hospital had its school, cases would be more carefully taken down in books provided for the purpose, as in England, and greater encouragement be given to clinical teaching than at the present time. French physicians are, without doubt, most careful in their inquiries, and it is most instructive to follow them: how much better, then, would it be if those inquiries, and the opinions so freely given, were placed upon paper, both as guides to the student, and records ready at hand for future instruction!*

One advantage of the present Parisian system is, that the hospitals are free to all, so that men need be under no apprehension of any

* I have before mentioned that the *externes* do not keep any books or records corresponding to those carried round the wards during the physician's visit to a London hospital, and which are read out publicly and corrected *publicly* for the benefit of all.

feeling of jealousy arising in the minds of others, or of bashfulness on their own part, such as in London a man might feel when systematically attending another hospital rather than his own; and there is undeniably a wider field for study, although it may be irregularly tilled. To give a detailed description of the School of Medicine of Paris, with its Dean, its twenty-six professors appointed and paid by government, and its thirty-nine *professeurs agrégés*, who are appointed by competition at a *concours*, and who examine and teach in the absence of the professors, would be but to quote from Galignani's 'Guide to Paris,' in which the student will find every information.* It is sufficient to say that the cost of education is very moderate; that the student is required to take out sixteen inscriptions, one each quarter, and until they have all expired he cannot go in for his final examinations; and that failure in any of the tests held at the end of each year deprives him of his right to proceed to another until he has passed. He has five examinations to pass before he can take out his degree, and one more in addition should he wish to take a degree as Doctor of Surgery:

* See also 'Annuaire Médicale.'

the diplomas of Bachelor of Letters and Science* must be produced as preliminary steps to the commencement of medical studies. There is a splendid library attached to the school, and two fair museums. Every expense connected with the acquisition of the degree of Doctor of Medicine, with the exception of payments to be made at the anatomical schools of Clamart and the École Pratique, and of such private classes as the students may choose to attend, is 1260 francs, or not quite 50 guineas, —that is, about one third of the cost of the entrance fees of a good London school.

To live as a *student of medicine* is by no means dear in Paris: a good room can be got in a very fair situation for 8s. or 10s. a week; and his two meals a day need not cost him more than 3s. 6d., unless he be more of an epicure than students generally are, and disposed to look too curiously at his viands. At the same time, it cannot be denied that the inducements to spend money are very great in Paris. A man might do worse than study and take his degree here; but as

* The first, before entering the first inscription; the second, before going to the third.

such a course is perhaps opposed to the feelings of many Englishmen, both medical and otherwise, and it is not by any means advisable that one who intends to follow his profession at home should run the risk, during his four years of residence, of acquiring foreign manners and habits to which many of his *clientèle* might object, I will simply recommend that he should spend a year here in studying at the Hôtel-Dieu, at the Charité, at the Hôpital des Cliniques, and most especially at the hospitals for sick children and at that of St. Louis; for nowhere in England will he have such opportunities as these last-named places afford.*

With regard to the examinations for the degree of Doctor of Medicine, seeing that questions have been raised in some of the medical papers as to the manner in which they are conducted, and as to their nature, I have taken the pains to be present at some of them, and find that the trials take place in the museum attached to the School of Medicine, and are open to the public, who

* Another reason for divided study is that a more correct idea of diagnosis may be acquired in Paris, a better knowledge of treatment at home.

are railed off from the space occupied by those most interested, within which, at small tables, are seated, face to face, three examiners, fully robed and capped, and three students. Each student is examined for three quarters of an hour, or thereabouts, by each examiner; and I saw that two of them were busy writing, whilst one was answering the questions put to him: the tables were covered with preparations and bottles, of which the student was expected to give a description. Four examinations of this character are passed at the School of Medicine; the fifth takes place at an hospital, two patients being given to each candidate for examination and report. There is besides a final examination, the thesis, in which the student selects his subject, writes upon it, and must be prepared to support his arguments by his own eloquence: and, with this exception, the whole answers in a great measure, for the amount of writing required is very small, to that part of the examination for the medical degrees of the London University, which is conducted *vivâ voce*, being, if possible, a little more stringent and searching than that portion of our sharp

trials. I may add, that one of the examinations is given to practical anatomy, dissection being required of the student, and an explanation of what he has done.* That in the course of this examination a man's attainments are pretty thoroughly gone into, cannot be doubted; but that they are quite fair to the student must admit of question. There are many young men well learned in their profession who are very bad hands at a *vivâ voce* examination, speedily becoming confused, and floundering hopelessly, especially if the examiner's manner towards them is that rather of a keen barrister, or of an Old Bailey counsel, than of a searcher after truth; and it is for this reason that I should prefer to have a better chance given me, by being set down to answer a printed paper as well, so that my good deeds in the one part might temper my failings in the other. I did not see the microscope employed at these examinations, nor any practical tests proposed as to the student's

* "1st examination. Anatomy and physiology, with dissection. 2nd. Internal and external pathology. 3rd. Materia Medica, chemistry, and pharmacy. 4th. Hygiene and legal medicine. 5th. Clinical examinations."

acquaintance with chemical or toxicological subjects. Four years must pass before a student can proceed to his final examination, but twelve of his inscriptions can be taken at preparatory schools in the provinces.

It has been said that the greater number of lectures at the School of Medicine are ill attended, or have but few and very desultory auditors; and to some, but I am happy to say to a very limited number, this remark applies. There are two or three of the professors who, although the composition of their lectures is most excellent, content themselves by sitting well back in the theatre, and reading them almost in a monotone. Such, after the session is a little advanced, commence with perhaps a dozen auditors, and may by chance finish with thirty or forty, many of whom, however, have dropped in in order to get good seats for the succeeding lecture; for they follow closely one upon another, are of the usual one hour's duration, and of nearly the same number (four) daily.*

* Some might well be omitted, as they trench too closely upon each other. Thus I heard two different professors lecture on smallpox and vaccination on two successive days.

The greater number of lectures are exceedingly well attended, and I have repeatedly seen the large theatre, capable of holding with ease 1800 students, nearly two thirds full. Apparently no check is kept on the attendance; men come and go as they like, and appear to be left to follow the method of study each finds best suited to himself; but certainly the lectures leave little to be desired, and carry home to one the conviction that a thoughtful and attentive student can learn a very great part of the theory of his profession by carefully following them; and one good result which follows from having a single school is, that an ample field for the selection of eloquent men is open to that school, and so dry, unprofitable discourses are the exception, and we do not find a school with three or four men possessed of great eloquence and descriptive power, whilst all the rest are stupid and droning, as we often do in England. Ordinary eloquence is more common among the French than with us; every man you meet is ready and can speak fluently (almost too much so, sometimes), a fact long ago noticed by a celebrated Latin author, who spoke "of the

more polished eloquence of the Gauls." The great objections to the French lectures are, that they follow too closely one upon another, and that, with the exception of such diagrams as the lecturer may improvise upon his own board, his discourse remains un-illustrated.* This remark does not, of course, apply to the chemical lectures, in the course of which appropriate experiments are performed.

I do not find that the tutorial system of teaching prevails in Paris to any extent; it seems to be entirely in the hands of grinders, of whom there are a great number. Again, although a good sum is given away in prizes at the École Pratique, the means used to excite the emulation of the students is very small when we consider the magnitude of the schools, and not at all comparable to the money so spent in London, where many think the prize system

* By way of illustration I may compare the anatomical lectures of M. Jarjavay, which are exceedingly clear and good, with those delivered by any London professor; the former having only the subject and a few dried preparations to place before the students, the latter his whole lecture profusely illustrated, not merely by the means above mentioned, but by pictures and drawings. I have heard lectures on medical and pathological subjects entirely un-illustrated.

is carried to excess. Perhaps in this matter, as in others, both sides might gain—the one by pruning, the other by grafting on to their present plans.

Leaving the School of Medicine, we pass to the École Pratique, a smaller establishment attached to the main building, and in some way forming part of its system. It consists of small dissection-rooms, a museum (Musée Dupuytren), and two small lecture-rooms, in which supplementary classes are held by teachers, most of whom lecture gratuitously, whilst others receive fees for so doing. Their positions, I believe, are looked upon as a sort of stepping-stone to the main building, or as a means of bringing a name before the public; in short, it helps to widen the too narrow circle of the one school. The prizes, which are remissions of fees, and payments for diplomas and examinations, consist of one grand prize, two first and three second. The number of pupils is limited to 150, and they are arranged in three divisions, one leaving each year; the lectures are, like the others, freely open to all comers—qualified men may even enter the school.

It has been the fashion to compare the attendance of students at the École de Médecine with that of the École Pratique, and to the disadvantage of the former ; but I must say, after having visited both, that I cannot see the grounds upon which this statement is based, for, in the first place, the accommodations of this last-named institution are not sufficient to admit of a large number of listeners, as the rooms are very small ; although, as a compensation, there is certainly no want of lecturers, there being on the list for the present session no less than twenty-one, of whom four are down for anatomy, two for syphilis, and two for diseases of the urinary organs ; so that the student has ample choice as to whose instruction he may wish to follow. No compulsory attendance appears to be exacted of students at this institution, any more than at the other.

A large and exceedingly convenient institution for the study of anatomy is at Clamart, unfortunately in a somewhat remote part of Paris ; it is placed on the site of an old burial-ground, in which some few tombstones with English names still remain. This school consists of some pavilions forming a quad-

rangle, planted with trees and shrubs, and adorned with fountains : two of the buildings are used for the purposes of dissection ; these are roomy and well aired, and can accommodate a large number of students. Attached is a class-room for such students who wish for instruction in operative surgery, and a great many come here, attracted by the number and cheapness of the subjects. The rooms are closed for anatomical purposes during the summer, but remain open to surgical students, except when an epidemic is considered as a reason for forbidding these branches of study to be followed.

Medical students receive instruction in practical midwifery from Dr. De Paul at the Hôpital des Cliniques ; but midwives are taught chiefly at the Hôspice de la Maternité, to which students are never admitted.

In the above notice of the examinations required for the degree of Doctor of Medicine of Paris, I have confined myself exclusively to all that relates to the means of obtaining that honour, and have forgotten to mention that between the physician or surgeon and the *pharmacien* exists an intermediate rank, that

of "officiers de santé," who have the right to practise only in that department in which they pass their examinations, and may supply medicines, but may not keep a shop or interfere with the *pharmacien* or druggist. These gentlemen need not study or pass their examinations at Paris, or at either of the schools of Montpellier or Strasbourg, but may place themselves at any preparatory school of medicine, of which nearly every large town in France has one. Encouragement, however, is given them to come to either of the faculties, by letting them off two of their inscriptions, which are otherwise fourteen. Their total fees are 580 fr., or £24. They have three oral examinations of three quarters of an hour each ; the first in anatomy and physiology, the second in pathology and accouchements, the third in various practical matters. Thus, it will be seen that these gentlemen occupy a position somewhat analogous to that filled by the apothecaries of former days, whilst the physicians more nearly answer to those gentlemen who practised formerly in our country towns, except in Paris, where their fees mostly are good, and several practise profitable specialities.

Below the "officiers de santé" come the *pharmaciens*, who are of two classes, those of the first degree and the "*herboristes*;" they are required to pass three examinations after having produced various certificates, either of hospital experience or private teaching; they are allowed to sell poisons only on the order of a medical man, and have to answer to the police for any impurities in their drugs. These people are thus well protected from the medical men, who do not, with the exception noted above, a necessary one in out-of-the-way country districts, sell their own drugs; but, on the other hand, they are not so tender to the physicians, for many give advice; and I can instance one who in the very face of the Hospital of St. Louis posts in his shop-windows a placard, that "Here the itch is cured in two hours." They have less cause to do this than in our own country.

Midwives undergo an examination before the faculty, and pay 130 fr. for their privileges: by law they are never allowed to use instruments, except in the presence of a physician or surgeon; but it is not likely that such women as Madame de La Chapelle often trouble them

for their assistance. Many of them keep "maisons d'accouchement," where ladies who wish to be confined, either privately or away from their own houses, meet with all the attention they wish for; and as these women often obligingly act as nurses, and advertise that they will care for the child after the mother's recovery, we may imagine that the Parisians have greater facilities than ourselves.*

The number of medical men in France appears to be less than with us, for whereas we can certainly reckon for all parts of the United Kingdom an average of 1 to each 1000 or 1500 of inhabitants, the French have to a total of 35,781,628 only 18,416 medical men of both degrees. Practices, I am told, are rarely bought or sold, and certainly we seldom see placed on the notice boards of our schools intimations "that medical men are required for such and such districts, at which information will be given by the mayor."

* See the 'Annuaire Médical et Pharmaceutique de France,' by Dr. Félix Rouband, and published in London by H. Baillière, 219, Regent Street. It gives full information as to the schools, examinations, and degrees.

A NOTICE OF THE SANITARY ARRANGEMENTS OF PARIS.

IF any one who sees this notice and has any acquaintance, however slight, with Paris of to-day, will read Mrs. Trollope's account of her visit to Paris in the year 1835, he will find the place in a very different state to that in which it was in her time, when annoyances in and pollutions of the streets were of far more frequent occurrence than they are at present; for then no passer-by was safe from the offerings of the people above, if it happened to be evening and he was insufficiently acquainted with the meaning of the words *Garde à vous*. Such things rarely happen now in the very worst neighbourhoods, but still the outdoor habits of the Parisians secure the pollution of every bye street, lane, or retired corner, so that the strenuous sanitary efforts of the government, and their constant and untiring care, are, to a great extent, defeated

by the bad, unwholesome practices of individuals. Many of the corners are prepared and defended by means of glazed stonework, washed by a stream of water ; but these places often do not communicate directly with the sewer, but either discharge their contents across the pavement, or by a small drain underneath it into the street gutter. The most frequented and handsomest parts of Paris are thus defiled, and any Parisian, if he ever read these lines, will at once think of a dozen such blots on the face of this city,* and I feel sure that a great part of its unhealthiness in the autumn months, when it smells abominably, must be laid to the door of the people, and not to that of the State, who, by the removal of narrow streets and lanes, and by the creation of large *boulevards* and numerous open spaces (squares) in various quarters, have done an immense deal since the year 1848 towards lowering the death-rate of this city, and with great success. There

* I may instance a corner opposite the government offices formed by the walls which bound the gardens of the Tuileries near the Place de la Concorde, and which several Parisians have remarked to myself.

can be no reason why Paris should not be the healthiest city of Europe : its position is elevated, its soil of chalk and limestone very healthy ; its air is keen and bracing, whilst its summer heats, although very great, are by no means so oppressive as those on our side of the Channel. Between the winter climate of Paris and that of this country I have not found much difference ; but they say the last was quite an exceptional winter, and it was certainly quite as changeable, quite as rainy, and had as many fogs as any English winter ; the latter, if not quite of such bad colour, being at least quite as dense as those of London. The cold, however, is very intense when it does come to Paris. The springs are earlier, as a rule ; so that I came from Paris, where all the trees were green and fully in leaf, to the neighbourhood of London, where all was bare.

The drainage of Paris is now in a satisfactory state : it consists of a number of smaller sewers running down each street, and opening at frequent intervals into the larger ones, called *collecteurs*, which convey the sewage from various quarters into a *grand*

collecteur, which carries it to Asnières, a place about four miles from Paris, where a reservoir is provided. The drains on the left bank of the Seine meet in a tunnel, which passes under that river to join the main sewer.

Through the kindness of the Engineer-in-Chief of the Public Works at Paris, I was allowed to join the company of a considerable number of gentlemen on a visit to the drainage system, and accordingly having entered a main sewer, we found ourselves in a tunnel in which we could easily stand upright, and which had in its centre a channel about four feet deep, down which a stream of sewage was running, with only a slight urinous odour. This channel has a width of about $2\frac{1}{2}$ feet less than the narrow gauge of our railways, and has on each side of it an iron tram-rail, so that a railway is formed, which carries the cars upon which the visitors are seated, and which are propelled by four or five men, who walk along the pathways on each side of the central channel; and in this way we were sent along for more than a mile until we came to the *grand collecteur*, bearing a boat provided with a stout drop plank at its head, which,

backed by the speed of the vessel, drives all the deposit from the sewer down the stream, thus effectually clearing it. Occasionally, in cases of floods, not merely this central channel, but the whole tunnel, becomes filled with water. This system of sewers has been in existence only since 1859, but is becoming more complete every day, and so much so that nearly all the smaller drains now open into it instead of into the Seine, as they have hitherto done. I believe a few still send their contents into that river.* Nothing but the street water and the water from the urinals passes into these drains, the other sewage being disposed of in a manner I will describe beyond, and this will account for the small amount of smell to be perceived in them. One result of cutting off all this from the Seine must be to make the health of the Parisians better, as tending to improve their water supply, at present not by any means very good, as Paris water is apt to give diarrhœa and dyspepsia, not merely to new comers, but to old residents, especially in dry seasons, when the river be-

* The islands of the Cité and of St. Louis still drain into the river.

comes very low and its current almost none. It is a notorious fact, that the elements of urine and faecal matter introduced into drinking water, although they may not alter its appearance to any great degree, are among the most frequent exciting causes of disease; and it may possibly have been due to past arrangements that typhoid fever has been constantly endemic in Paris, and diarrhœa one of its most frequent visitors. I have noticed that the very dogs of the capital are as much, or even more, afflicted than the members of its more intelligent population. The tunnels of its sewage system are made to contain the water-pipes, which are placed under their highest part, and are thus, owing to the openness of the channel below them, bathed in an unwholesome vapour. The tunnels are, however, well ventilated by frequent openings. Gas is not allowed in these *conduits*, for obvious reasons. The observations which follow shortly will, I think, convince the reader that, on the whole, the present system which is fast becoming complete in London is the preferable one, as sewage of all kinds is at once removed, and will, I trust, soon find its way to

its proper destination, the land ;* but should the French think well to imitate us, in this our more simple and uniform practice, they must close these openings for ventilation, or trap them very carefully.

The faecal matter of this great city is collected in cesspools placed under each house, and requiring to be emptied at frequent intervals or they are very apt to smell in the autumn season and at changes of weather. Unfortunately for myself, I have been on two or three occasions an unwilling witness to these periodical evacuations, which our forefathers in the city of London delighted to practise, and can tell a visitor to Paris that, if by any chance he should pass through a quiet street at nightfall, and see before him a row of six or eight gloomy-looking carts, he had better turn aside before his lungs inhale any of the concentrated poison which is rendering dangerous the slumbers of that part of the town. The cesspools are emptied by means of pumps passing from them to the

* Sewage and refuse of all kinds are largely used on some barren land not far from Paris with good results.

earts, or by hand labour, and will sometimes require several hours for their complete evacuation ; and the earts, when laden, proceed to the "Poudrette de Montfaucon," where they are emptied. This portion of the sewage is driven by steam-pumps to a subterranean canal to some distance from Paris ; some part of it, however, being carried away in canal boats by canal. The fluid part is emptied into the Seine some distance below Paris, while the solid is used for manure ; and thus we see that, owing to these two separate systems of management, this portion of the sanitary arrangements of Paris is highly complicated and not very satisfactory. In the first instance, a large portion of the air of the capital is poisoned ;* and in the last, there must be great waste of very useful material, and an amount of poisonous matter poured into the river which the towns below Paris cannot thank it for.

* The spread of cholera was greatly attributed to this practice, which we know, from old observations, to be capable of causing diarrhœa. It probably had a great deal to do with many of the deaths attributed to cholerine or the "accidents of cholera," cases in which coldness, blueness, and great depression were the chief symptoms.

But, besides the above-named excrementitious matters, there are to be accounted for those peculiar to the houses themselves, such as various refuse matters of cookery, dust, ashes, and, in short, all those things which in England go into the dusthole, a receptacle with which the Parisians are unprovided; in fact, as few of the houses have any basement stories or areas, and are besides exceedingly lofty and large, such an arrangement would be hardly possible; and so, with a view to relieve the people of all this refuse matter, a police ordinance has long been enforced, directing that they shall be thrown into the street at any hour after seven at night in winter or nine in summer, and not later than seven or eight in the morning; this the people do, and do very frequently of an evening, so that, in passing down the street early in the morning, you see opposite each house a heap of refuse, which, if the active *chiffonnier* be not there with you, may perchance not become offensive to your nose; but as the inhabitants are not always very particular or choice in their contributions, that organ will oftener suffer than not in the autumn months after the heap has festered all

night in the still, stagnant air, and perhaps had its decomposition accelerated by a little moisture. The *chiffonniers*, or rag-collectors, an exceedingly poor class of people, visit these heaps regularly every morning, never letting one pass; they turn and rake them over, selecting what rags or pieces of paper they want; and often the heap is visited again by another of the same profession, who, not so proud as the first one, picks up the refuse not thought worthy of her notice. These people, I need hardly say, with the aid of the wheels of passing vehicles, will wake up smells sufficient to drive one round the corner in disgust. Can we wonder that the cholera of the past autumn made its first appearance among and spent its greatest fury upon these unfortunates, who, following the usual habit of the French not to take an early meal, but to leave their breakfasts till a later hour of the day, come full upon these excrements depressed and with empty stomachs? The street-sweepers were their fellow-sufferers.

In London we might do well to imitate the French in the constant care and attention they give to the cleansing of their streets:

not only are they well swept and cleaned early in the morning, and streams of water sent through the gutters during some hours, but whenever rain has made them again muddy during the course of the day, they are recleansed by large bodies of workmen. It need hardly be added that these things are not left to parochial authorities; for had they been so, the Paris of the present day would not have been as it now is—the best-arranged, the best-lighted, the best-paved, and the best-cleaned of all the cities in the world.

WATER SUPPLY.—Paris is most abundantly supplied with water; and when we consider that, from the nature of its soil, supplies cannot readily be obtained upon the spot, but have to be brought from long distances, it is a matter of great wonder how the city can be so liberally treated as it is. I have never entered my kitchen, either by day or night, without finding water steadily flowing into the cistern;* and when we compare these arrangements and this liberality with the niggardly

* Few of the houses have any high service, the water having to be carried up.

one hour's daily supply (we are not expected to want water on Sundays) given to the London houses, which are often left with empty cisterns, we are apt to think meanly of our own side. Moreover, not merely are the Parisians well supplied in their own houses, but their numerous fountains are made to play for several hours each day, except in seasons of great drought, when water is sent running through all the streets instead. Unfortunately, the quality of this abundance is not by any means equal to its quantity, the water from the canal de l'Ourcq being very hard and unwholesome, whilst that of the Seine has been, without doubt, very impure, and still receives some part of the sewage of the metropolis. My own house was, I understood, supplied from this last-named source, which gave us a fluid slightly sparkling when first drawn, but by no means so clear and translucent as we could have wished; on a closer examination it had numerous floeculi floating in it, and gave a deposit after having stood some time in a well-cleaned glass decanter. In the top of the

filter it had by no means a pleasant appearance, being thick and brownish, as if muddy. A very few days' use of this beverage gave us all diarrhœa, and obliged us to drink the Eau de St. Galmier,* and give the other up altogether until the heavy rains of the winter had, after a few months, rendered it harmless. The Eau de St. Galmier is, of course, not accessible to the poor, and so we find some sort of filter as a part of the furniture of every house, besides, an establishment for the filtration of Seine water is easy of access; but we must remind the Parisians that, filter as they may, certain impurities which should never be in the water at all cannot be separated from it by other than chemical means. I had no means of making even a rude analysis of this water, and believe none has been published if made.

It has appeared to me that the use of this water has been one of the chief predisposing causes of cholera, and I would suggest to any sanitary inquirer, who may have it in his power, to compare the mortality, during the

* A mineral water slightly impregnated with iron and carbonic acid, at a price of 3d. or 4d. the litre.

late epidemie, of the quarters supplied by the canal de l'Ourcq and by the Seine with that of those receiving their supplies from other sources, such as the Artesian well of Grenelle.

The last invasion of cholera gave us, in London, some severe and interesting lessons on the necessity of keeping our water supply pure and uncontaminated by excrementitious matters, and it is not improbable that another epidemic will repeat the warning; for since London draws its supply greatly from the Thames, a river which receives the drainage of a considerable number of large towns and villages situated above the points whence that supply is drawn; and since in the dry seasons the stream diminishes steadily year by year, whilst the contamination of it is always on the increase, we must expect our water to poison us in the event of cholera breaking out at Oxford, Windsor, Maidenhead, Staines, or other places too numerous to be mentioned.

From the earliest times, even of Roman occupation, Paris, larger apparently under them than it was for some time afterwards, must have found its water supply a difficulty, since the Palais des Thermes, an

old Roman building, was fed by an aqueduct brought several miles from Arcueil—the remains of which still exist, although it is replaced by another bringing a supply from the same springs; at present Artesian wells are being slowly increased in number to keep up a supply commensurate with the increase of population. I was given to understand that the system is soon to receive many alterations and improvements, such as the conduct of the waters of the Seine and Marne from points very remote from Paris, and therefore will not take up space by enumerating the many sources from which Paris derives its water supply at present, but will refer the reader to Galignani's 'Guide,' in which he will find a full account. In truth, any one who means to make *any stay* in Paris should purchase this book, useful as it is alike to all classes of people, whether they be idlers, antiquaries, or physicians and students.

MEDICAL INSPECTION OF PROSTITUTES.—A sanitary arrangement; to which we in England are *only* just inducting ourselves with the utmost caution and with every regard, firstly,

for the saving of money and economy of men in the military and naval departments of our service, and, secondly, with every respect for the liberty of the subject, which stops our going further in the affair; has long been in operation in Paris, and with regard chiefly for the *salus republicæ*. That this arrangement must check disease is obvious, and yet syphilis is plentiful, and the Parisian surgeons are our best authorities upon it; and it would be hard to account for this fact were prostitutes alone the means of the spread of the disease. Unhappily, the "inspection does not wear spectacles," as a friend said to me on my expressing my surprise at its failure; it reaches only the lowest class of prostitutes, who live under heavy restrictions and the constant watchful eye of the police, and these it degrades still more, so that the vicious will do a great deal rather than sink to their level; it cannot reach the Lorette and others who do not actually solicit, so that an immense amount of disease is found among washerwomen, dressmakers, and all those whom a love of finery, with an absence of the means to gratify their tastes, leads to prostitution

more or less concealed. So we see that, although there is less public and open vice in the streets of Paris, for the police regulations do not allow of much open solicitation, yet there is more private dissipation, and it will be a question for us in England to consider, when the demand comes that more pressure be put upon the prostitutes, whether by so doing we shall not increase the amount of mischief by rendering it more private. Is not an open sore less alarming and less dangerous than a concealed yet deep-seated disease? It seems to me that the practice of inspection, if carried out at all, should be carried as far as possible to its full extent, and that the information of *any diseased person* should be a sufficient reason for making the suspected party undergo a medical examination through the police. Such is the arrangement which, I believe, prevails to some extent in our garrison towns.





